

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 Gold Center Drive, Ste.400  
Rancho Cordova, CA. 95670-6073  
PHONE: (916) 322-4336 FAX: (916) 324-2875



**NOTICE OF CHANGE OF ADDRESS**



**Personal Information**

Name: \_\_\_\_\_  
Last First MI

Paramedic License Number: \_\_\_\_\_  
P #

Phones: \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_



**NEW or Correct Residence Address**

Street # & Name

City, State, Zip



**NEW or Correct Mailing Address**

Street # & Name

City, State, Zip

**Old Residence Address**

Street # & Name

City, State, Zip

**Old Mailing Address**

Street # & Name

City, State, Zip

**Signature of Paramedic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE MAIL, FAX or EMAIL ADDRESS CHANGE TO:**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

**Attention: Paramedic Licensure Unit**  
**10901 Gold Center Drive, Suite # 400**  
**Rancho Cordova, CA. 95670-6073**

Or

**FAX: 916-324-2875**

Or

**Email to: paramedic@emsa.ca.gov**