CALIFORNIA EMS AUTHORITY
11120 International Drive, Suite 200
Rancho Cordova, CA 95670-6073
TELEPHONE (916) 322-4336

STATE OF CALIFORNIA CENTRAL REGISTRY USER APPLICATION

Instructions

1. Complete the Required Information section.
2. Sign and date the application in ink; only original signatures accepted.
3. Scan and email completed form to the MLO Help Desk at mlohelpdesk@emsa.ca.gov.
4. Review the Central Registry User Guides on our website: Information for Certifying Entities.

REQUIRED INFORMATION- PLEASE PRINT OR TYPE

1) Reason for Request: ☐ **New User** ☐ **Inactivate Existing User**

☐ **Accreditation Password** ☐ **Inactivate Accreditation ID**

2) EMT Card Printing: ☐ **Card Printing By EMSA** ☐ **Name Change/New User ID**

☐ **Card Printing by Certifying Entity/LEMSA**

3) USER INFORMATION (if applicable):

APPLICANT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT AFFILIATION: ☐ **Certifying Entity:** _____
(Entity Name)

☐ **LEMSA:** _____
(LEMSA Name)

I hereby certify under **penalty of perjury** under the laws of the State of California that all information on this application is true and correct to the best of my knowledge and belief. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any Certifying Entity or Local EMS Agency to validate the request.

I hereby acknowledge the information contained in the Central Registry is confidential and may only be used for the purposes of which it was collected pursuant to Section 1798.24 of the California Civil Code.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

and

SIGNATURE OF AUTHORIZED REGISTRY REQUESTOR: _____

NAME OF AUTHORIZED REGISTRY REQUESTOR: _____

DATE: _____ **PHONE NUMBER:** _____