



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
 11120 International Drive, Ste. 200, Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875 / FAX (916) 324-2875  
 paramedic@ems.ca.gov

**STATE USE ONLY**

**Receipt Number:**

\_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

**Applicant Name:** \_\_\_\_\_ **P-Number** \_\_\_\_\_  
(If applicable)

**Card Type:**

Visa

Mastercard

Debit

**Name:** \_\_\_\_\_  
(As name appears on card)

**Credit Card Number:** \_\_\_\_\_  
\*Only Visa and Mastercard credit cards are accepted

**Expiration Date (MM/YY):** \_\_\_\_\_

**CVC2 Code (Security Code):** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

To receive a receipt of payment, please provide your email address:

\_\_\_\_\_

**Do not add application information to this form.  
 It will be shredded.**