## EMERGENCY MEDICAL SERVICES AUTHORITY

11120 International Drive, Suite # 200 Rancho Cordova, CA. 95670 (916) 322-4336 FAX (916) 324-2875

MAIL TO:



## REQUEST FOR REPLACEMENT PARAMEDIC LICENSE CARD

The fee for replacement of a license shall be \$10.

Personal	Name: Last	Firs	t	MI
Informatio	n Paramedic License Number:			
Phones:	Home	Work	Cell	<u>.</u>
Email Add	lress:			
Mailing Address	Street # & Name			
	City, State, Zip			
equesting a rep	lacement paramedic	he original license, or license card. <i>If the re</i> also include documenta	quest for a replace	ement license card

EMERGENCY MEDICAL SERVICES AUTHORITY

Attn: Paramedic Licensure Unit 11120 International Drive, Suite # 200 Rancho Cordova, CA. 95670

Paramedic Regulations Title 22, Division 9, Chapter 4, Article 5, Section 100164 (h)

A paramedic may request a duplicate license if the individual submits a request in writing certifying to the loss or destruction of the original license, or the individual has changed his/her name. If the request for a duplicate card is due to a name change, the request shall also include documentation of the name change. The duplicate license shall bear the same number and date of expiration as the replaced license.

Paramedic Regulations Title 22, Division 9, Chapter 4, Article 8, Section 100171 (b)(6)

The fee for replacement of a license shall be \$10.