

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 International Drive, Ste.200
Rancho Cordova, CA. 95670
PHONE: (916) 322-4336 FAX: (916) 324-2875



NOTICE OF CHANGE OF ADDRESS



Name: _____
Last First MI

Personal Information

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: Licensure & Certification Unit

11120 International Drive, Suite # 200

Rancho Cordova, CA. 95670

Or

FAX: 916-324-2875

Or

Email to: paramedic@ems.ca.gov