

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