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**EMERGENCY MEDICAL SERVICES DIVISION**

Dave Ghilarducci, MD, FACEP  
Medical Director

**CHANGE OF ADDRESS FORM**

“The EMT shall be responsible for notifying the certifying entity of her/his proper and current mailing address and shall notify the certifying entity in writing within thirty (30) calendar days of any and all changes of mailing address, giving both the old and the new address, and EMT registry number.”

California Code of Regulations, Title 22 §100079

Name: (First, Middle Initial, Last)
Certificate Number:

**Old Contact Information**

Address, City, State & Zip Code
Contact Number:
Email address:

**New Contact Information**

Address, City, State & Zip Code
Contact Number:
Email address:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date