



EMS Agency Use Only
Central Registry Updated
By: _____
Date _____

Form: 917

Rev. 10/2017

EMT 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 the mailing address, giving both the old and the new address, and EMT registry number.” [California Code of Regulations, Title 22, §100079(h)]

Name: <i>(Last, First, Middle)</i>
Certificate Number:

Old Contact Information

Address, City, State & Zip Code:	
Home Telephone:	Mobile Telephone:
email:	

New Contact Information

Address, City, State & Zip Code:	
Home Telephone:	Mobile Telephone:
email:	

Certificate Holder

Date