



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA
SYSTEM**



REQUEST FOR ADDRESS OR NAME CHANGE

TYPE OF CHANGE REQUEST SECTION

<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> DUPLICATE CARD REQUEST
---	--------------------------------------	---

NAME OF PERSON REQUESTING CHANGE

<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC
--------------------------------	---------------------------------------	------------------------------------

FIRST NAME	MIDDLE NAME	LAST NAME

SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	ARIZONA CERTIFICATION NUMBER

USE THIS SECTION FOR NAME CHANGE ONLY

A copy of an official document such as a marriage certificate, divorce decree, court document of legal name change is required for a name change.

FORMER FIRST NAME	FORMER MIDDLE NAME	FORMER LAST NAME

NEW FIRST NAME	NEW MIDDLE NAME	NEW LAST NAME

USE THIS SECTION FOR ADDRESS CHANGE ONLY

OLD MAILING ADDRESS	CITY	STATE	ZIP CODE

NEW MAILING ADDRESS	CITY	STATE	ZIP CODE

USE THIS SECTION FOR DUPLICATE CARD REQUESTS ONLY

<input type="checkbox"/> CARD LOST	<input type="checkbox"/> CARD STOLEN	<input type="checkbox"/> CARD DESTROYED	<input type="checkbox"/> OTHER <i>Explain Below:</i>

Certificate Holder Signature →		Date	
---------------------------------------	--	------	--

YOU MAY FAX YOUR INFORMATION TO 602-364-3566 or MAIL TO ONE OF THE OFFICES LISTED BELOW

PHOENIX
Certification Services
Bureau of EMS
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007-3248

TUCSON
Certification Services
Bureau of EMS
400 W. Congress, Suite 100
Tucson, AZ 85701-1353

FLAGSTAFF
Certification Services
Bureau of EMS
1500 E. Cedar Ave., Suite 22
Flagstaff, AZ 86004-1642

OFFICE USE ONLY

	Processed By:	Date: