



Oregon

Theodore R. Kulongoski., Governor

Department of Human Services

Health Services

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70310 70421 2090

APPLICATION FOR A DUPLICATE CERTIFICATE

PLEASE PRINT YOUR LEGAL NAME

EMT CERTIFICATE #

SOCIAL SECURITY NUMBER

Check if the name above is a legal name change and attach a copy of the legal document reflecting this change.

Check if your address has changed.

RESIDENCE ADDRESS

Street Address (Please Print)

City

State

Zip Code

MAILING ADDRESS

Mailing Address

City

State

Zip Code

Home phone _____ Work phone _____

Enclose a check in the amount of \$10.00 payable to "DHS/EMS" for a duplicate certificate. Return this form and appropriate fee to : DHS/EMS, Business Services Section, PO Box 14260, Portland OR 97293-0260.

03/12/04

Assisting People to Become Independent, Healthy and Safe
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