



Regulatory Licensing Unit

EMS Certification/Licensure Group Personnel Address Change/Name Change



All information given on this application is considered public record, with the exception of social security number*.

Use this form to change your address and/or name on your EMS record. Fax form to 512/834-6714 or mail to → DO NOT use this form to request a new ID card. The form for requesting a replacement ID card is downloadable from our web site at: <http://www.tdh.state.tx.us/hcqs/ems/filelib.htm#EMS>

Dept of State Health Services
ATTN: EMS
1100 West 49th Street
Austin, TX 78756-3199

TYPE OR PRINT IN BLACK INK

Section 1 – List your name as given on your EMS certificate or license

_____	_____	_____	_____
Print Last Name	First Name	Middle Name	Social security number*

*Disclosure of your social security number is mandatory under Family Code, Chapter 232

Section 2 - New Address Information

List New Mailing Address: Street, Apt Number or PO Box

City	State	Zip
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Forward my new address information to the Texas EMS Magazine.

List home and/or work phone number(s), if changed. (____) _____ (____) _____

New Home Phone (area code) New Business Phone (area code)

**List New Alternate Home Address: Street, Apt Number or PO Box

**List Alternate City	State	Zip
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**This may be desired by candidates whose employer mandates the business address as the mailing address. Disciplinary action proposals will be sent to both the mailing address and the alternate address. Certificates/licenses and renewal notices will only be sent to the mailing address.

Section 3 - New Name Information

_____	_____	_____
Print New Last Name	New First Name	New Middle Name

Reason for name change: _____

Section 4 – Signature and Date

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

Signature of Applicant: _____ Date: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Revised March 2005