



**Oregon**

Theodore R. Kulongoski., Governor

**Department of Human Services**

Health Services

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Portland, OR 97232-2162

(971) 431-4030 Emergency

(971) 673-0520

FAX (503) 673-0555

<http://egov.oregon.gov/dhs/ph/ems/>

**70310 70421 1774**

**REQUEST FOR A RECERTIFICATION PACKET**

\_\_\_\_\_  
**PLEASE PRINT YOUR LEGAL NAME**

\_\_\_\_\_  
**OREGON EMT NUMBER**

\_\_\_\_\_  
**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.
- ( ) Check if your recertification packet was lost or destroyed.

**MAILING ADDRESS**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Attach a check to this form, in the amount of \$10.00 payable to DHS EMS for a recertification packet. Return this form and appropriate fee to : DHS/EMS-459, Business Services Section, PO Box 14260, Portland OR 97293-0260.

03/16/07