



# Yolo County Emergency Medical Services Agency Certification

Revised Date: September 1, 2018

## CHANGE OF ADDRESS FORM

Please write clearly and answer all questions or this notice may not take effect.

Name:	Email:
Certificate #:	Expiration Date:

### Old Address:

Mailing Address:		
City:	State:	Zip:
Day Phone #:	Night Phone #:	

### New Address:

Mailing Address:		
City:	State:	Zip:
Day Phone #:	Night Phone #:	

I certify that all information on this form, to the best of my knowledge, is true and correct.

Signature of Applicant

Date

*All items may be mailed, emailed, or placed in the drop box at the address above.  
The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!**  
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: