



Oklahoma State Department of Health (405) 426-8000
Emergency Medical Services Division

Application for Duplicate License/ Name Change/Address Change

(Print or Type All Information)

Date of Application: _____

This application is for replacement of a current license that was/is:

() lost () destroyed () stolen () name change

Level of Certification or License (Please circle one)

☐ EMR ☐ EMT ☐ Intermediate ☐ Advanced EMT ☐ Paramedic

Name: _____
Last First Middle initial

Home Address: _____
Street or PO Box City, State, Zip

[] If this is a permanent address change please check box.

State EMT# _____ **or SSN:** _____/_____/_____

Signature: _____ **Date:** _____

Email Address: _____

This form needs to be mailed to the address below along with a \$5.00 fee in the form of a check or money order. No fee is required if this is just a request for an address change.

Send all documents and fees to:

OSDH - Financial Management
P. O. Box 268823
Oklahoma City, OK 73126-8823