



SUSANA MARTINEZ, GOVERNOR

CARING FOR NEW MEXICO

CATHERINE D. TORRES, M.D., CABINET SECRETARY

## CHANGE OF ADDRESS FORM

Per NMAC 7.27.2.11 ©, IDENTIFICATION OF EMS PERSONNEL: Licensed EMD's, EMD-I's, EMSFR's and EMT's shall promptly notify the EMS Bureau of any changes of name, address or EMS employment/affiliation status.

I, \_\_\_\_\_ have changed my name, address, contact information or EMS employment/affiliation status from:

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All name changes have to be accompanied by a copy of the legal document that changed your name i.e. marriage certificate etc...

To:

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Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

EMS License # \_\_\_\_\_

