



CHANGE OF NAME / ADDRESS – LICENSE REPLACEMENT FORM

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. (NMAC 7.27.2.12-C)

Name:	NM License Number:
Date of Birth:	SSN:

Address Change; (There is no charge to change your address in our database).

Address on File	New Address

Name Change; (There is no charge to change your name in our database, but you must obtain a replacement license). **All name changes must be accompanied by a copy of the legal document(s) that resulted in your name change (marriage certificate, divorce decree, adoption form, court paperwork, etc.). The EMS Bureau cannot process any name changes to a license without this documentation.**

Name on File	New Name

License Replacement (There is a \$10.00 charge for a replacement license; please include a check or money order for \$10.00 payable to the NM EMS Bureau.)

Name:	NM License Number:
Date of Birth:	SSN:
Address:	

This form must be signed: this conveys your permission to make the above change(s).

Print Name:	Signature:
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Mail this form and any necessary payment to:
NM EMS Bureau; 1301 Siler Road, Bldg F; Santa Fe, NM 87507