



CHANGE OF NAME / ADDRESS – LICENSE REPLACEMENT 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.

The fee for license change / replacement is \$10.00. (Check or Money Order payable to the NM EMS Bureau)

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

All name changes must be accompanied by a copy of the legal document that changed your name (i.e. marriage certificate, divorce decree, adoption form etc...)

**The EMS Bureau cannot process any changes to a license without documentation.*

To: _____

Signed: _____	Print Name: _____
Date: _____	Current Mailing Address: _____ _____ _____
EMS License # _____	
EMS License Exp. _____	
Date of Birth: _____	

EMSB Processing Date: _____ Fee: _____ Date: _____

NM EMS Bureau
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