

Oklahoma State Department of Health (405) 271-4027  
Emergency Medical Services Division

**Application for Duplicate License/ Address Change**

Print or Type All Information

**Date of Application:** \_\_\_\_\_

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

( ) lost ( ) destroyed ( ) stolen.

Level of license (Please circle one) **Basic** **Intermediate** **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.

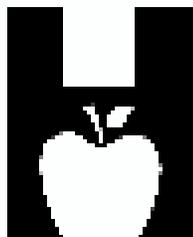
State EMT# \_\_\_\_\_ or SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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



Oklahoma  
State  
Department  
of Health