



## EMT PERSONNEL INFORMATION UPDATE FORM

**Complete and Return to:**

**Email:**  
EMTinfo@dhs.lacounty.gov

**Fax:**  
562-941-5835

**Mail:**  
LAC EMS Agency/Cert Sect  
10100 Pioneer Blvd Ste 200  
Santa Fe Springs CA 90670

Print Name: \_\_\_\_\_  
Last
First
M.I.

Last 4 SSN  CA E#

**Personal Information Change – Check and complete all that apply**

Name (attach legal documentation) From: \_\_\_\_\_  
Last
First
M.I.

To: \_\_\_\_\_  
Last
First
M.I.

Address: \_\_\_\_\_  
Number and Street
Apt/Unit
City
State
Zip

Phone: \_\_\_\_\_  E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_  New Employer  
 No Longer Employed

Address: \_\_\_\_\_  
Number and Street
City
State
Zip

Phone: \_\_\_\_\_

**Change of name, contact information, or employer must be submitted in writing to the EMS Agency within 30 days of change.**

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

**\*\*\*EMS Agency Use Only**

PEPSI Input Date: \_\_\_\_\_ CR Input Date: \_\_\_\_\_ Initials: \_\_\_\_\_