



TEXAS
Health and Human
Services

Regulatory Licensing Unit
EMS Certification & Licensing Group

**Texas Department of State
Health Services**

**Advanced EMT
EMS Certificate/Wallet Card
Replacement Form**

To request a replacement EMS wallet card for AEMT only, submit completed form to Texas Dept of State Health Services and mail to: Texas Dept of State Health Services, EMS Certification – MC 2835 , P.O. Box 149347, Austin, Texas 78714-9347 or by Fax to (512) 834-6714

EMT-Intermediates were converted by law to Advanced EMT's and DSHS is replacing the EMS wallet card and/or certificates free of charge.

Wallet Card and Certificate

Wallet Card Only

Certificate Only

Section 1 – Personnel Data TYPE OR PRINT IN BLACK INK

Last Name	First Name	Middle Name	Social Security number*	
Address:		City	State	Zip
Home Phone (area code)		Business Phone (area code)	Date of Birth (MM/DD/YY)	

*Disclosure of your social security number is mandatory under Family Code, Chapter 232

Section 3 – Signature and Date

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

Signature of Applicant

Date

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021,522.023 and 559.004)