

San Joaquin County Emergency Medical Services Agency
PO Box 220
French Camp, CA 95231
Telephone (209) 468-6818
www.sjgov.org/ems

Credit Card Authorization Form



Please print out and complete this authorization form if you are submitting your application by mail and would like to pay with a credit card.

Applicant Type:

- Emergency Medical Responder Certification
 Emergency Medical Technician – I (EMT-I) Certification
 Paramedic Accreditation
 Mobile Intensive Care Nurse (MICN) Authorization
 Emergency Dispatcher Accreditation
 Other _____
Specify _____

Applicant Name: _____

Card Holder: _____
Name as it appears on card

Billing Address: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Identification Number: _____
Last 3 digits located on the back of the credit card

Charge Amount: \$ _____ (USD)

Approval Signature: _____

EMS Agency Use Only			
Date Processed		Processed By	
Confirmation #		Notes	