

**SC DHEC - Division of EMS
Replacement Card Request**



Date: _____

Complete Name: _____

Duplicate copy will be mailed to your current address listed in our data base. Please verify your Profile address is current. Login at <https://southcarolina.imagetrendlicense.com/lms/admin/license/default.cfm>

SC Certification Number: _____

Social Security Number (Last four digits only): _____

Date of Birth: _____

Contact Telephone Number: _____

I hereby request a duplicate copy of my EMT/AEMT/Paramedic certification pocket card.

Signature (Required) _____ Date of Signature _____

**Send request and all required documents to:
SC DHEC Bureau of EMS
Attention: EMS Certification
2600 Bull Street, Columbia, SC 29201
– or –
email to emscertifications@dhec.sc.gov**