



California Medical Association
Physicians dedicated to the health of Californians

Emergency Situation Driving Emblem



The CMA in cooperation with the California Highway Patrol (CHP) has put life back into a state law that allows physicians to exceed speed limits when driving to emergencies.

The law, Vehicle Code 21058 passed in 1959, but implemented only for a short period, provides a waiver of most speeding laws when the physician's vehicle displays this CHP-approved emblem. The exemption applies unless the vehicle is being operated recklessly or without regard for the safety of others.

The emblem comes in **two usable formats, magnetic or sticker**. Please order the appropriate style depending on what material composes the back bumper of your vehicle. Place the emblem directly to the right or left of your license plate area.

The first emblem ordered by a CMA member is FREE, each additional emblem priced at \$10.00 each. \$5.00 shipping and handling per order. Orders will be shipped via UPS. *Please allow 4-6 weeks for delivery.*

CMA MEMBER ORDER

Type	Quantity	Price	Totals
FREE Magnet or Sticker Emblem, Please Specify by Checking Below		FREE	FREE
<input type="checkbox"/> MAGNET EMBLEM	<input type="checkbox"/> STICKER EMBLEM		
<input type="checkbox"/> Additional Magnet Emblem	_____	\$10.00 x Qty.	_____
<input type="checkbox"/> Additional Sticker Emblem	_____	\$10.00 x Qty.	_____
		Subtotal	_____
		* Sales Tax	_____
		Shipping and Handling	\$5.00
		Total	_____

*8.5% San Francisco, 8.25% for BART Counties, 7.25% other Counties

Please specify which emblem you wish to receive as your member benefit, Magnetic or Sticker version. EACH additional emblem ordered will be at a cost of \$10.00 each plus shipping and handling.

The cost to NON-CMA members is \$50.00 per emblem. \$5.00 Shipping and Handling per order. Orders will be shipped via UPS. *Please allow 4-6 weeks for delivery.*

NON-CMA MEMBER ORDER

Type	Quantity	Price	Totals
<input type="checkbox"/> Magnet Emblem	_____	\$50.00 x Qty.	_____
<input type="checkbox"/> Sticker Emblem	_____	\$50.00 x Qty.	_____
		Subtotal	_____
		* Sales Tax	_____
		Shipping and Handling	\$5.00
		Total	_____

*8.5% San Francisco, 8.25% for BART Counties, 7.25% other Counties

Physician Name (subject to verification): _____

CMA ID Number (subject to verification): _____ Medical Board Lic. #: _____

Practice Name: _____

Physical/UPS Mailing Address: (No P.O. Box) _____

City/ST ZIP: _____

Phone #: _____ FAX #: _____

Check One: Check: _____ (Check Enclosed) Visa: _____ MasterCard: _____

Account Number: _____ Expiration Date: _____

Signature: _____

FAX Order to 916/551-2035 - Phone Order to 800/882-1262
Mail Order to "CMA Publications-1201 J Street, Ste. 375-Sacramento, CA 95814"