



GA-EMS 1000 SUPPLEMENTAL
EMERGENCY MEDICAL SERVICES LICENSURE APPLICATION
GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

ADDITIONAL LOCATION(S) OF OPERATION

Name of Service	License Number(s)	License Type
1a	1b	FIRST RESPONDER
2a	2b	GROUND AMBULANCE
3a	3b	NEONATAL
4a	4b	AIR AMBULANCE

Location of Additional Location(s) Operation: (Enter All Physical Locations)

5a Location – Street Address:			5b County:
6a City:	6b State:	6c Zip Code:	6d Zone Provider:
7a Contact Person:		7b Email Address:	
8a Business Phone:	8b Emergency Phone:	8c Fax Number:	8d. Type of Service Provided:

9a Location – Street Address:			9b County:
10a City:	10b State:	10c Zip Code:	10d Zone Provider:
11a Contact Person:		11b Email Address:	
12a Business Phone:	12b Emergency Phone:	12c Fax Number:	12d. Type of Service Provided:

13a Location – Street Address:			13b County:
14a City:	14b State:	14c Zip Code:	14d Zone Provider:
15a Contact Person:		15b Email Address:	
16a Business Phone:	16b Emergency Phone:	16c Fax Number:	16d. Type of Service Provided:

17a Location – Street Address:			17b County:
18a City:	18b State:	18c Zip Code:	18d Zone Provider:
19a Contact Person:		19b Email Address:	
20a Business Phone:	20b Emergency Phone:	20c Fax Number:	20d. Type of Service Provided:

SIGNATURE(S)

21 Owner or Authorized Agent's Name:	
22a Signature:	22b Date: