



**GEORGIA OFFICE OF EMS and Trauma  
EMS LICENSE APPLICATION VERIFICATION FORM**

Date Received \_\_\_\_\_

<input type="checkbox"/> New License	<input type="checkbox"/> Anniversary	<input type="checkbox"/> Renewal	<input type="checkbox"/> Revision
<input type="checkbox"/> First Responder	<input type="checkbox"/> Ground Ambulance	<input type="checkbox"/> Neonatal Transport	<input type="checkbox"/> Air Ambulance

**SERVICE NAME** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

LICENSE NUMBER(s)	LICENSE TYPE
	<i>Medical First Responder</i>
	<i>Ground Ambulance</i>
	<i>Neonatal Transport</i>
	<i>Air Ambulance</i>

DOCUMENT	VERIFICATION
<input type="checkbox"/> GAEMS 1000 MAIN APPLICATION FORM	
<input type="checkbox"/> SUPPLEMENTAL FORM (IF APPLICABLE)	
<input type="checkbox"/> PHOTOGRAPH ( If New Application)	
<input type="checkbox"/> (GAEMS 3012 or Electronic) INSPECTION FORM	
<input type="checkbox"/> (SCHEDULE A) INSURANCE CERTIFICATE	
<input type="checkbox"/> (SCHEDULE B) MEDICAL DIRECTOR	
<input type="checkbox"/> (SCHEDULE C) PHARMACY / IV CONTRACT	
<input type="checkbox"/> DRUG / IV LIST	
<input type="checkbox"/> (SCHEDULE D) AFFIDAVIT OF RESIDENCY	
<input type="checkbox"/> (SCHEDULE E) PERSONNEL INFORMATION FORM	
<input type="checkbox"/> (SCHEDULE F) VEHICLE INFORMATION FORM	
<input type="checkbox"/> EXTRICATION LETTER From EMS Program Director	
<input type="checkbox"/> CORPORATION REGISTRATION (if required)	
<input type="checkbox"/> LICENSE FEE (\$2,500.00 + \$1,400.00 PER Ground Ambulance Air Ambulance or Neonatal Vehicle)	\$
<input type="checkbox"/> OTHER DOCUMENTS:	

<b>REGIONAL EMS COORDINATOR:</b>	<b>DATE:</b>
<b>INSPECTOR:</b>	<b>DATE:</b>
<b>APPROVED:</b>	<b>DATE:</b>