



# Georgia Office of EMS and Trauma Authorized Agent Designation

**EMS AGENCY NAME:** \_\_\_\_\_

## CERTIFICATION STATEMENTS

### FOR PERSON DESIGNATING AUTHORIZED AGENT:

- I ACKNOWLEDGE THAT THE PERSON LISTED BELOW IS AN AUTHORIZED AGENT FOR THE EMS AGENCY LISTED ABOVE, THAT I UNDERSTAND THE AUTHORIZED AGENT MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM, AND THAT THE AUTHORIZED AGENT LISTED BELOW WILL BE ALLOWED TO MAKE CHANGES TO THIS EMS LICENSE, INCLUDING: ADD/DELETE VEHICLES, ADD/DELETE LOCATIONS, UPDATE INSURANCE/MEDICAL DIRECTOR/PERSONNEL ROSTER/PHARMACY/ETC.

### FOR PERSON DESIGNATING AUTHORIZED AGENT AND FOR DESIGNATED AUTHORIZED AGENT:

- I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CURRENT OEMS RULES AND REGULATIONS, DPH 511-9-2, SPECIFICALLY THE SECTIONS RELATED TO EMS AGENCY LICENSURE AND STANDARDS OF CONDUCT FOR LICENSEES. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CURRENT OEMS POLICIES AND PROCEDURES, SPECIFICALLY, THOSE THAT APPLY TO AGENCY LICENSURE.

### FOR AUTHORIZED AGENT:

- I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT I MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM AND THAT COMMUNICATIONS FROM THE OFFICE OF EMS AND TRAUMA WILL BE SENT TO MY EMAIL LISTED WITH THAT SYSTEM AND THAT THESE ARE CONSIDERED OFFICIAL COMMUNICATIONS.

## SIGNATURES – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES

*Persons authorized to designate an Authorized Agent include the following people based on the ownership of the EMS Agency: Current Authorized Agent, CEO of a Corporation, Managing Partner of an LLC, County Manager or Chairman of the County Board of Commissioners, City Manager or Mayor, Sole Proprietor, Hospital Authority CEO or Board Chair.*

|   |       |              |
|---|-------|--------------|
| _____   | _____ | _____        |
| Printed Name of Person Designating the Authorized Agent | Title | LMS Username |

|  |             |
|--|-------------|
| _____  | _____       |
| Signature of Person Designating the Authorized Agent | Date Signed |

|                                      |       |              |
|--------------------------------------|-------|--------------|
| _____                                | _____ | _____        |
| Printed Name of New Authorized Agent | Title | LMS Username |

|                                   |             |
|-----------------------------------|-------------|
| _____                             | _____       |
| Signature of New Authorized Agent | Date Signed |

## NOTARY

Subscribed and sworn before this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_.

Notary Public

(stamp)

\_\_\_\_\_

My Commissions expires:

\_\_\_\_\_