



Georgia Office of EMS and Trauma EMS Agency Admin Designation

EMS AGENCY NAME: _____

CERTIFICATION STATEMENTS

FOR PERSON DESIGNATING EMS AGENCY ADMIN:

- I ACKNOWLEDGE THAT THE PERSON LISTED BELOW IS AN EMS AGENCY ADMIN FOR THE EMS AGENCY LISTED ABOVE, THAT I UNDERSTAND THE EMS AGENCY ADMIN MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM, AND THAT THE EMS AGENCY ADMIN LISTED BELOW WILL BE ALLOWED TO MAKE THE FOLLOWING CHANGES TO THIS EMS LICENSE: ADD/DELETE/UPDATING VEHICLES, ADD/DELETE/UPDATING LOCATIONS, ADD/DELETE/UPDATE PERSONNEL, GROUP (MEDIC) RENEWAL PAYMENT APPLICATIONS, SYNC EMS AGENCY TO ELITE.

FOR PERSON DESIGNATING EMS AGENCY ADMIN AND FOR DESIGNATED EMS AGENCY ADMIN:

- 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 EMS AGENCY ADMIN:

- 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 EMS Agency Admin 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 EMS Agency Admin	Title	LMS Username

_____	_____
Signature of Person Designating the EMS Agency Admin	Date Signed

_____	_____	_____
Printed Name of EMS Agency Admin	Title	LMS Username

_____	_____
Signature of EMS Agency Admin	Date Signed

NOTARY

Subscribed and sworn before this _____
day of _____, 20__.

Notary Public

(stamp)

My Commissions expires: