



Georgia Office of EMS and Trauma Waiver Request Form

APPLICATION – PRINT OR TYPE

WAIVER REQUEST – one form per request type **Date Submitted:**

Complete and scan the form to PDF and email it to dph-phemsinfo@dph.ga.gov or mail it to the address below.
State Office of EMS and Trauma
1680 Phoenix Boulevard, Suite 200
Atlanta, GA 30349

PETITIONER INFORMATION

Name of Petitioner: _____ Phone Number: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____

Medic License Level and Number: _____ Instructor License Level and Number: _____

Please complete each of the following. Additional sheets may be attached if needed.

Rule(s)/Policy from which a waiver is requested:

List the specific facts of substantial hardship, which would justify a waiver for the petitioner:

Detail the alternative standards petitioner agrees to meet:

List the reasons that such alternative standards would afford adequate protection for the public health, safety, and welfare:

List the reasons the waiver requested would serve the purpose of the underlying statute upon which the Rule(s)/Policy is based:

Duration of the waiver:

CERTIFICATION – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES

The undersigned certifies that the information contained in this application and all attached documentation is true and correct to the best of my knowledge and belief and that I am in receipt of and will comply with all Federal and State Laws, Department of Public Health Rules and Regulations, and Office of Emergency Medical Services and Trauma Policies, as amended, governing EMS Licensees.

Petitioner's Name:	
Signature:	Date:

FOR STATE USE ONLY

Official Name:	Approved	Denied
Official Signature:	Date:	
Comments:		