



Georgia Office of EMS and Trauma VOLUNTARY SURRENDER OF EMS AGENCY LICENSE

DATE: _____

EMS AGENCY LICENSE NUMBER: _____

EMS AGENCY NAME: _____

Complete and scan the form to a PDF file format and email it to your EMS Regional Director.

VOLUNTARY SURRENDER STATEMENTS

FOR AUTHORIZED AGENT/REGISTERED AGENT:

- I AFFIRM THAT I AM THE AUTHORIZED AGENT/REGISTERED AGENT FOR THE ABOVE REFERENCED LICENSED EMS AGENCY AND I HEREBY SUBMIT THIS VOLUNTARY SURRENDER OF EMS AGENCY LICENSE AFFIDAVIT, SURRENDERING THE EMS AGENCY LICENSE THAT WAS ISSUED BY THE GEORGIA OFFICE OF EMS AND TRAUMA.
- I UNDERSTAND THAT AS A RESULT OF THE SURRENDER OF THIS LICENSE, THIS EMS AGENCY CAN NO LONGER OPERATE AS A LICENSED EMS AGENCY IN THE STATE OF GEORGIA AND THAT I WILL ONLY HAVE ACCESS TO THE STATE GEMISIS ELITE SYSTEM FOR 30 DAYS AFTER THIS NOTICE IS SUBMITTED.
- I UNDERSTAND THAT THIS SURRENDER NOTIFICATION IS PERMANENT AND NON-REVERSIBLE FOR THE EMS AGENCY AND LICENSE NUMBER LISTED ABOVE. IN ORDER TO BE A LICENSED EMS AGENCY AGAIN WITHIN THE STATE OF GEORGIA, I MUST SUBMIT AN INITIAL EMS AGENCY LICENSE APPLICATION IN THE GEORGIA LICENSE MANAGEMENT SYSTEM AND MEET ALL REQUIREMENTS SET FORTH BY DPH RULES AND REGULATIONS 511-9-2.
- I UNDERSTAND THAT IF THIS LICENSE IS BEING SURRENDERED WHILE UNDER INVESTIGATION THIS INFORMATION WILL BE REPORTED TO THE NATIONAL PRACTITIONERS DATABASE AS REQUIRED BY CODE OF FEDERAL REGULATIONS TITLE 45.
- I UNDERSTAND THAT IF THIS LICENSE IS BEING SURRENDERED DURING AN ACTIVE INVESTIGATION ON THE EMS AGENCY/AUTHORIZED AGENT/REGISTERED AGENT AND A NEW EMS AGENCY APPLICATION IS SUBMITTED, THE UNRESOLVED INVESTIGATION WILL BE PART OF THE NEW EMS AGENCY LICENSE APPLICATION REVIEW PROCESS.
- I UNDERSTAND THAT ONCE THIS EMS AGENCY LICENSE IS SURRENDERED, THE NAME FOR THIS AGENCY MAY NOT BE AVAILABLE FOR USE AGAIN.
- I UNDERSTAND THAT PART OF AGENCY LICENSING REQUIRED THE SUBMISSION OF DATA TO THE DEPARTMENT AND IF IT IS DETERMINED THAT THE REQUIRED DATA WAS NOT SUBMITTED, THEN I WILL NOT BE ABLE TO APPLY FOR A LICENSE IN THE FUTURE.

SIGNATURES – ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES

I understand and have knowledge of the consequences of signing this document and have been given the opportunity to ask questions.

Printed Name of Authorized Agent/Registered Agent

Title

Signature of Authorized Agent/Registered Agent

Date Signed

NOTARY

(stamp)

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

Notary Public Signature:

My Commissions expires: