**OSAH FORM 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OSAH USE ONLY:** | AGENCY**DPH** | CASE TYPE | DOCKET NUMBER | COUNTY | JUDGE |

**DEPARTMENT OF PUBLIC HEALTH**

|  |  |  |
| --- | --- | --- |
| **Non-Agency Party’s County of Residence:** | **Date Hearing Request Filed with Agency:** | **Agency Reference Number:**  |
| **Check here if an APPLICATION was denied: [ ]**  |

|  |
| --- |
| **Check Only One:** |
| **[ ]  EMS (Emergency Medical Services)** (includes air and ground ambulance, medical first responder, and neonatal transport services)**[ ]  EMSP (Emergency Medical Service Personnel)**(includes cardiac technicians, paramedics, all categories of emergency medical technicians, and instructors) | **[ ]  BCW (Babies Can't Wait)****[ ]  FSEP (Food Service Establishment Permit)****[ ]  LR (Local Registrar)****[ ]  SSM (Sewage Management)****[ ]  WICV (WIC Vendor)** |

**NON-AGENCY PARTY**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| CURRENT ADDRESS INCLUDING ZIP CODE:       | EMAIL:      |

**ATTORNEY FOR NON-AGENCY PARTY (IF APPLICABLE)**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | GEORGIA BAR #:      | EMAIL:      |

**CONTACT PERSON AT REFERRING AGENCY**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | POSITION:      | EMAIL:      |

**ATTORNEY FOR REFERRING AGENCY**

|  |  |  |
| --- | --- | --- |
| NAME:       | TEL #:      | FAX #:      |
| ADDRESS INCLUDING ZIP CODE:      | GEORGIA BAR #:      | EMAIL:      |

**\*\*\*DOCUMENT(S) INITIATING THE REFERRAL MUST BE ATTACHED\*\*\***