**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\*\*\***