

OSAH FORM 1

OSAH USE ONLY:	AGENCY DPH	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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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: <input type="checkbox"/>		

Check Only One:

<input type="checkbox"/> EMS (Emergency Medical Services) (includes air and ground ambulance, medical first responder, and neonatal transport services)	<input type="checkbox"/> BCW (Babies Can't Wait)
<input type="checkbox"/> EMSP (Emergency Medical Service Personnel) (includes cardiac technicians, paramedics, all categories of emergency medical technicians, and instructors)	<input type="checkbox"/> FSEP (Food Service Establishment Permit)
	<input type="checkbox"/> LR (Local Registrar)
	<input type="checkbox"/> SSM (Sewage Management)
	<input type="checkbox"/> 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