

Application for Regional EMS Council Designation

Name of Applicant Organization :

Name of Authorized Agent of Organization:

Title:

Organization Mailing Address:

Organization Physical Address:

City:

State:

Zip Code:

Office Phone:

Office Fax: ()

Organization Web Address:

E-mail Address:

Type of Designation: Original ☐ Renewal

Date of Original/Last Renewal:

Proof of 501 (c)(3) Designation: Yes ☐ No ☐

Date of Designation:

Federal Tax Identification Number:

Name of President of Organization Board of Directors:

Mailing Address:

City:

State:

Zip Code:

Phone: ()

E-mail Address:

Application Affirmation:

I hereby affirm that the information included in this application and attached documents is factual and correct, and I realize that any fraudulent entries may be considered sufficient cause for rejection, and/or subsequent revocation of designation.

Name of Board President

Signature

Date

OEMS Office Use Only

Date of Application Receipt:

Application Complete: Yes ☐ No ☐

Site Visit Scheduled: Yes ☐ No ☐

Date of site visit:

Review Team Leader:

State Board of Health Approval: Yes ☐ No ☐ Date of Approval:

Deficiencies noted: