



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS



RSA Tower, 201 Monroe Street, Suite 1100
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017, Fax: 334-206-0364

EMS Web Management Form

All pages of this form must be typed to be approved

Service Name: _____ License Number: _____ Date: _____

- * A licensed service must assign at least a Primary and a Backup Administrator who will be responsible for maintaining the vehicle and personnel rosters.
- * If an Administrator needs to administer more than one service, each service needs to submit a form.
- * The E-mail address provided on this form will be the username for that person.
- * The password for each person will be sent directly to that person's email address.

Primary Administrator

_____ Last Name	_____ First Name	_____ Middle Name
_____ SSN	_____ Phone Number	_____ Cell Phone Number
_____ Email Address (must be unique and will be your username)		
I will not share access to this site with any other individual.		
ADMINISTRATOR HAS ALL RIGHTS		
_____ Signature	_____ Date	

Backup Administrator

_____ Last Name	_____ First Name	_____ Middle Name
_____ SSN	_____ Phone Number	_____ Cell Phone Number
_____ Email Address (must be unique and will be your username)		
I will not share access to this site with any other individual.		
ADMINISTRATOR HAS ALL RIGHTS		
_____ Signature	_____ Date	

Primary View Only User

_____ Last Name	_____ First Name	_____ Middle Name
_____ SSN	_____ Phone Number	_____ Cell Phone Number
_____ Email Address (must be unique and will be your username)		
I will not share access to this site with any other individual.		
_____ Signature	_____ Date	View Only Rights Personnel <input type="checkbox"/> Vehicles <input type="checkbox"/> Reports <input type="checkbox"/>

Backup View Only User

_____ Last Name	_____ First Name	_____ Middle Name
_____ SSN	_____ Phone Number	_____ Cell Phone Number
_____ Email Address (must be unique and will be your username)		
I will not share access to this site with any other individual.		
_____ Signature	_____ Date	View Only Rights Personnel <input type="checkbox"/> Vehicles <input type="checkbox"/> Reports <input type="checkbox"/>

OEMS Use Only

Received date: _____

Processed date: _____