



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court Prattville, AL 36066

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.

User 1

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		
<div>Rights Edit Rights View Only</div>				

User 2

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		
<div>Rights Edit Rights View Only</div>				

User 3

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		
<div>Rights Edit Rights View Only</div>				

User 4

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		
<div>Rights Edit Rights View Only</div>				

Official Use Only:

Received date: _____

Processed date: _____