

# OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY <b>DCH</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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## GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### PUBLIC HEALTH CASES

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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**Check Here if an Application Was Denied:**

#### Check Only One in This Box:

- |   |  |
|---|--|
| <input type="checkbox"/> ASL (Ambulatory Service License)<br><input type="checkbox"/> BCW (Babies Can't Wait)<br><input type="checkbox"/> CT (Cardiac Technician License)<br><input type="checkbox"/> EMS (Emergency Medical Service)<br><input type="checkbox"/> EMT (Emergency Medical Technician License)<br><input type="checkbox"/> EMTI (Emergency Medical Technician Instructor License) | <input type="checkbox"/> FSEP (Food Service Establishment Permit, If Issued by DCH)<br><input type="checkbox"/> MFR (Medical First Response Service License)<br><input type="checkbox"/> NT (Neonatal Transport Service License)<br><input type="checkbox"/> PI (Paramedic Instructor License)<br><input type="checkbox"/> SSM (Sewage Management)<br><input type="checkbox"/> WICV (WIC Vendor) |
|---|--|

#### CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

#### NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

#### AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO