

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	AGENCY CODE	DIVISION CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
DOCKET NUMBER:	PLBD					

PROFESSIONAL LICENSING BOARDS

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
<input type="checkbox"/> (APP) Application Was Denied <input type="checkbox"/> (SANC) Licensee was Sanctioned		
SELECT A DIVISION (PROFESSION) CODE:		
<input type="checkbox"/> ACCT Accountancy <input type="checkbox"/> ARCH Architect and Interior Design <input type="checkbox"/> AAC Athlete Agents <input type="checkbox"/> AT Athletic Trainers <input type="checkbox"/> AU Auctioneer <input type="checkbox"/> BAR Barbers <input type="checkbox"/> CHIRO Chiropractic Construction Industry: <input type="checkbox"/> AC Air Conditioned Contractors <input type="checkbox"/> ELEC Electrical Contractors <input type="checkbox"/> LVC Low Voltage Contractors <input type="checkbox"/> PLUM Plumbers <input type="checkbox"/> UTIL Utility Contractors <input type="checkbox"/> COSME Cosmetology Dentistry: <input type="checkbox"/> DEN Dentists <input type="checkbox"/> HYG Hygienists <input type="checkbox"/> DIET Dietitians	Engineers and Land Surveyors: <input type="checkbox"/> ENG Engineers <input type="checkbox"/> SURV Surveyors <input type="checkbox"/> FOR Foresters Funeral Service: <input type="checkbox"/> EMBALM Embalmer License Revocation <input type="checkbox"/> FDIR Funeral Director License Revocation <input type="checkbox"/> AR Apprentice Registration Revocation <input type="checkbox"/> FS Funeral Services Establishment License Revocation <input type="checkbox"/> GEO Geologists <input type="checkbox"/> HADD Hearing Aid Dealers and Dispensers <input type="checkbox"/> LA Landscape Architects <input type="checkbox"/> LIBR Librarians <input type="checkbox"/> LPN Licensed Practical Nurses <input type="checkbox"/> MT Massage Therapists <input type="checkbox"/> NHA Nursing Home Administrators <input type="checkbox"/> OT Occupational Therapy <input type="checkbox"/> OPTOM Optometry	<input type="checkbox"/> OPTI Dispensing Opticians <input type="checkbox"/> PHAR Pharmacy <input type="checkbox"/> PT Physical Therapy <input type="checkbox"/> POD Podiatry <input type="checkbox"/> PDSA Private Detective and Security Agencies <input type="checkbox"/> PCSMFT Professional Counselors, Social Workers, and Marriage and Family Therapists <input type="checkbox"/> PSY Psychologists <input type="checkbox"/> RN Registered Nurses <input type="checkbox"/> RES_GEN Residential and General Contractors <input type="checkbox"/> SLPA Speech-Language Pathology and Audiology Used Motor Vehicle Dealers and Parts Dealers: <input type="checkbox"/> PARTS Parts Dealers <input type="checkbox"/> VEH Vehicle Dealers <input type="checkbox"/> VETS Veterinary Medicine <input type="checkbox"/> WW Water/Waste Water Treatment Plan Operators and Laboratory Analysts

CONTACT PERSON IN AGENCY

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

AGENCY PARTY

NAME	DIRECT TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
ATTORNEY NAME	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

NON-AGENCY PARTY

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL:	
ATTORNEY NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: