

# SOUTHEAST ALABAMA EMS REGION FIVE

Autauga, Barbour, Bullock, Butler, Coffee, Covington, Crenshaw, Dale, Dallas, Elmore,  
Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Wilcox

## EMS AGENCY ACCOUNT INFORMATION

**PLEASE TYPE OR PRINT LEGIBLY**

County: \_\_\_\_\_ SEAEMS NUMBER: \_\_\_\_\_  
TO BE ASSIGNED

Name of Agency: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Owner/Captain/CEO/Chief \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

EMS Training Officer \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team Leader Assigned: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Medical Director: \_\_\_\_\_ Hospital \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Number of EMTs**

Full Time: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Paramedic \_\_\_\_\_ Others

Part Time: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Paramedic \_\_\_\_\_ Others

Total Number of Members, Employees, or Volunteers: \_\_\_\_\_ (Should equal all above)

EMS Services Provided: \_\_\_\_\_ ALS \_\_\_\_\_ BLS \_\_\_\_\_ Transport \_\_\_\_\_ Non-Transport  
\_\_\_\_\_ Morphine \_\_\_\_\_ Nitrous Oxide

\_\_\_\_\_  
Signature of Person Completing Information

\_\_\_\_\_  
Date