Sub Agency Start Up Form

Parent Agency Information

Parent Agency Name: _____

Parent Agency Number: _____

Parent Agency NEMSIS Version: _____

Parent Agency Software Vendor: _____

Sub Agency Information

Sub Agency NEMSIS Version: _____

Sub Agency Software Vendor: _____

Sub Agency Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Service Type: AIR/I   AIR/IP   AIR/IR   AIR/P   ALS/N   ALS/T   BLS/T

Phone: _____

Fax: _____

Sub Agency Key User Contact Name: _____

Sub Agency Key User Email Address: _____

Parent Agency Approval   **FDOH Approval**

_____   _____
Signature   *Signature*

_____   _____
Full Name (Print)   *Full Name (Print)*

_____   _____
Title   *Title*

_____   _____
Date   *Date*