



Change in Service Administration Form

Complete this form by listing all requested information, then **email** the form to ems.licensure@maine.gov. Please type or print legibly. Fields marked with an * are required. When a contact is provided, their license number must also be provided. If the contact does not have a Maine EMS license, their date of birth is required as a unique identifier. All contacts must have a profile in eLicensing where they can enter and maintain their contact information in accordance with 32 M.R.S. §90-C.

*Service Name: _____ Service Number: _____

*Service Email: _____ Service Phone: _____

DIRECTOR: _____ Maine EMS License #: _____
If no EMS License, DOB is required

ASSISTANT DIRECTOR: _____ Maine EMS License #: _____
If no EMS License, DOB is required

*PRIMARY CONTACT: _____ Maine EMS License #: _____
If no EMS License, DOB is required

SERVICE MEDICAL DIRECTOR: _____ State Medical License: _____
*Required for EMS Service licensed or permitted at/above AEMT

E- Mail address: _____ Date of Birth: _____

Primary Phone: _____

*INFECTION CONTROL OFFICER: _____ Maine EMS License #: _____
If no EMS License, DOB is required

*PRIMARY QA/QI CONTACT: _____ Maine EMS License #: _____
If no EMS License, DOB is required

*TRAINING/EDUCATION OFFICER: _____ Maine EMS License #: _____
If no EMS License, DOB is required

An Additional Representative may not have a role listed on this form but is authorized to receive EMS service correspondence from Maine EMS and to be granted access to the EMS service applications, documents, and the personnel roster in the eLicense Portal.

ADDITIONAL REPRESENTATIVE: _____ Maine EMS License #: _____
If no EMS License, DOB is required

I certify that the personnel listed above are Authorized Representatives of the service named herein, and that I am authorized by that service to amend the authorized representative list. I understand that this document will supersede any and all Authorized Service Representative lists for the service.

*Signature

*Printed Name

*Date