Agency Information

Agency Name	
Mailing Address	
Business Phone	
Fax Number	
Website	
Captain/Supervisor/Chief	
Phone	
Email	
Number of Certified Providers	
Agency Medical Director	
Mailing Address	
Business Phone	
Fax	
Email	
REMAC Authorized Level of Care (BLS/ALS/BLS FRU/ALS FRU	
Date of Revision	
Revised By	