

GEMHSA Service Supplier Registration Form

(1) Name of Entity / Corporation: \_\_\_\_\_

(2) Name, address, and telephone number of the representative of the service supplier to whom the resolution adopted pursuant to Code Section 46-5-133 or other notification of intent to provide automatic number identification or automatic location identification, or both, of a telephone service connection should be submitted:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

(3) Name, address, and telephone number of the representative of the service supplier with whom a local government must coordinate to implement automatic number identification or automatic location identification, or both, of a telephone service connection:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

(4) List the counties in Georgia in which the service supplier is authorized to provide telephone service at the time the filing is made: \_\_\_\_\_

(If additional space is required use back of form or separate sheet)

Check this box if service area includes entire state (instead of listing every county in the state).

Check this box if you are a service supplier and intend to do business in the State of Georgia but currently have no active telephone subscribers in the State of Georgia.

(5) List every corporate name under which the service supplier is authorized to provide telephone service in Georgia: \_\_\_\_\_

(If additional space is required use back of form or separate sheet)

(6) If you believe that the above named entity does not match the definition of a service supplier and/or does not provide telephone service to telephone subscribers as defined by Georgia law,  
 check this box, complete Step # (7), and mail this form to the address listed at the bottom of the form.

(7) Name of person completing form: \_\_\_\_\_

Please return form to: Georgia Emergency Management and Homeland Security Agency  
**Attn: State 9-1-1 Program – Service Supplier Registration**  
PO Box 18055  
Atlanta, GA 30316