



MEFIRS Fire Department Agency Administrator Registration Form

Please complete this form by listing all requested information. Then **email or fax** the form to Michelle Mason Webber (michelle.mason@maine.gov or (207) 287-6251). **Please print legibly.**

Department Name: _____ **FDID Number:** _____

Please Circle the Type of Service: **Fire Agency** **Fire/EMS Agency (contact Maine EMS)**

CHIEF: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

ASSISTANT CHIEF: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

ADDITION. REPRESENTATIVE: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

PRIMARY QA/QI CONTACT: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A
E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

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 Authorize Service Representative lists for the service.

Authorizing Signature

Print Name

Date

PHONE: (207) 626-3870

FAX: (207) 287-6251