

PHILADELPHIA REGIONAL EMS OFFICE
Non-municipal Ambulance Service Contact Designation Form
 Email to: pfd.regems@phila.gov or
 Fax to: 215-685-4207

PURPOSE OF THIS FORM: To designate points of contact in your organization who must be notified by the City of Philadelphia of important planning and emergency response information. Please identify the individuals who should receive one or more of the types of communications listed below. All contact information must be completed, and will be kept strictly confidential.

- **Liaisons (Primary or Alternate):** The points of contact within your organization for the following purposes. Please provide at least one Primary and no more than four Alternate liaisons.
 - Assisting in developing the City’s emergency management plans by attending or identifying the appropriate individuals to attend planning meetings;
 - Providing your agency’s comments on emergency management plan drafts;
 - Receiving regular information related to emergency management, such as training opportunities, exercise activities, and special events;
 - Receiving and responding to inquiries about emergency incidents, planned special events, and activation of the City’s Emergency Operations Center; and
 - Sharing, as appropriate, information from MDO-OEM with organization executives and staff.
- **24-hour Operations Contact:** An individual or 24-hour functional unit within your organization (e.g. dispatch center, call center, telephone operator) **MUST** be designated to provide immediate information about your capacity to provide ambulances during a major medical emergency. This individual or functional unit must be able to (1) determine the availability of your organization’s ambulances and (2) input this information into a secure website anytime 24 hours/day. Please provide contact information for this individual or functional unit in your organization that will provide this information.

Organization Name	
24-HOUR OPERATIONS CONTACT	
Person’s or Unit’s Name (e.g. John Smith or Dispatch Center)	
Email Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, Sprint, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	

PHILADELPHIA REGIONAL EMS OFFICE
Non-municipal Ambulance Service Contact Designation Form
 Email to: pfd.regems@phila.gov or
 Fax to: 215-685-4207

LIAISON – Select Type: Primary Alternate

Name	
Title	
E-mail Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	

LIAISON – Select Type: Primary Alternate

Name	
Title	
E-mail Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	

LIAISON – Select Type: Primary Alternate

Name	
Title	
E-mail Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	

PHILADELPHIA REGIONAL EMS OFFICE
Non-municipal Ambulance Service Contact Designation Form
 Email to: pfd.regems@phila.gov or
 Fax to: 215-685-4207

LIAISON – Select Type: Primary Alternate

Name	
Title	
E-mail Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	

LIAISON – Select Type: Primary Alternate

Name	
Title	
E-mail Address	
Office Phone	
Cell Phone	
Cell Carrier (e.g. AT&T, Verizon, etc.)	
Pager Number	
Pager Carrier (e.g. USA Mobility, Skytel, etc.)	