

Pennsylvania State Bridge - Agency Creation Request

AGENCY INFORMATION

Agency Name: _____ Affiliate Number: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
PCR Vendor: _____ Agency Level:
Regional Council: Southern Alleghenies EMS Council ALS BLS QRS Air CCT

AGENCY ADMINISTRATOR INFORMATION

First Name: _____ Last Name: _____
E-mail: _____ Phone: _____
Title: _____ Term: _____
First Day in Office: _____ Last Day in Office: _____

Please Note:

- Agency Administrator will be responsible for getting required login information to their Vendor to connect to the State Bridge.
- Agency Administrator will also be able to create two (2) Agency user accounts.

We understand that office positions change, so please update your Agency Administrator information every term.

Additional Users? Would you like two additional users created at this time?

First Name: _____ Last Name: _____
E-mail: _____ Phone: _____
Title: _____ Term: _____
First Day in Office: _____ Last Day in Office: _____

First Name: _____ Last Name: _____
E-mail: _____ Phone: _____
Title: _____ Term: _____
First Day in Office: _____ Last Day in Office: _____

AGENCY AUTHORIZATION INFORMATION

This section is to be completed by the Agency President

First Name: _____ Last Name: _____
Email: _____ Phone: _____

Signature _____ Date: _____

Please send completed form to Kaylen Irwin at kay@emmco.org