



Georgia Resource Database Account Application

Please fill this form out as completely as possible. Print legibly and use official rather than personal email addresses when possible.

When completed, mail this application to:

Shauna Hall
GEMA-OHS TERP Division
P.O. Box 18055
Atlanta, Georgia 30316

or you can scan and email the completed form to Shauna Hall at: shauna.hall@gema.ga.gov

All applications will be subject to approval by GEMA. Once approved, accounts will be created and login information will be emailed to the account holders.

Agency Information

Name: _____

Area: _____

County: _____

Discipline: Please pick the ONE that is MOST APPROPRIATE for your agency.

- Communications/911
- EMA
- EMS
- Federal
- Fire/Rescue
- Marshal's Office
- National Guard
- Police Department
- Public Works/Roads
- Sheriff's Office
- Other: _____

Street Address:

Address 1: _____
Address 2: _____
City: _____
State: _____
ZIP: _____

Mailing Address:

Address 1: _____
Address 2: _____
City: _____
State: _____
ZIP: _____

Agency Head

Name: _____
Title: _____
Email: _____
Phone: _____ Ext: _____

Agency Administrator

The agency administrator will be responsible for keeping the agency's data up-to-date. This position should be appointed by the head of the agency.

Name: _____
Title: _____
Email: _____
Phone: _____ Ext: _____