



Emergency Medical Planning Council Notice of Appearance and Intervention

(Due 5 Business Days Prior to Hearing Date)

Applicant Information

Applicant Name: _____

Application For: _____

Date of Hearing: _____

Appearance and Intervention Information

Name of Representative or Lawyer: _____

Address of Representative or Lawyer: _____

Name of Company or Services Represented: _____

Current ALS or BLS COPCN holder for what type of service: Ground Air

Subclass (check all that apply): Interfacility Transfer Medical Standby 9-1-1 Emergency

If not a Certificate holder in same category as applicant, state public safety or financial interest in pending application: _____

Witness List (Add separate sheet if more witnesses are submitted.)

Estimated Duration of Testimony

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that upon submission of this Notice of Appearance and Intervention to the EMPC, I will be responsible for an equal share of the Hearing expenses along with the applicant and others who file a Notice of Appearance and Intervention, even if this Notice is later withdrawn.

Printed Name of Representative or Lawyer

Signature

Date