



Georgia Emergency Management and Homeland Security Agency (GEMA/HS)

Re-Entry Permit Application

Organization Information:

Organization Name

Phase of Re-Entry

Phase 2: Emergency Response and Life Safety Workforce

Phase 3: Essential Public and Private Sector Personnel

Street Address

City

State

Zip Code

County

Business Telephone Number

Website

Tell Us About Your Organization:

Company Description

Number of Employees

Does your organization utilize contractors, subcontractors or assignees?

Yes

No

Does your organization have a dedicated emergency planner and/or safety manager?

Yes

No

Does your organization have a continuity of operations plan?

Yes

No

Your Re-Entry Contact Information:

Primary Contact for Re-Entry Permitting

Primary Contact Job Title

Primary Contact Email Address

Primary Contact Phone Number

Primary Contact Mobile Phone Number

Secondary Contact for Re-Entry Permitting

Secondary Contact Job Title

Secondary Contact Email Address

Secondary Contact Phone Number

Secondary Contact Mobile Phone Number

Emergency Contact Information

Additional Comments

Agreement of Use and Liability:

Use and/or distribution of Georgia Disaster Re-Entry Permits by this organization, or designees of this organization, will be consistent with the Georgia Re-Entry Standard Operating Guide. I further acknowledge that my organization will assume liability for these permits as misuse constitutes fraud.

I understand

Local Re-Entry Procedures:

This Re-Entry Permitting process does NOT prohibit local public safety officials from denying access to an area deemed unsafe. Following a large-scale emergency, procedures for entering a restricted area are determined by local emergency managers.

I understand

Please submit completed applications to GEMA/HS via e-mail at ExternalAffairs@gema.ga.gov