

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DOL	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **DEPARTMENT OF LABOR**

(FOR ALL REFERRALS EXCEPT VOCATIONAL REHAB UNEMPLOYMENT INSURANCE TAX LIABILITY)

DATE OF REQUEST FOR HEARING: _____

CHECK ONE CASE TYPE: BPV Boiler and pressure vessel issues
 BEP Business Enterprise Program (including blind vendor referrals)

COUNTY OF RESIDENCE OF NON-AGENCY PARTY: _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

NON-AGENCY PARTY: IF UITL CHECK ONE: EMPLOYER CLAIMANT

NAME OF NON-AGENCY PARTY:	TEL NO:	FAX NO:
CONTACT PERSON FOR NON-AGENCY PERSON:		
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:
NON-AGENCY PARTY'S ATTORNEY NAME OR CORPORATE REPRESENTATIVE:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING: AGENCY NON-AGENCY PARTY NON-AGENCY PARTY'S ATTORNEY

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", note applicable statutes OR attach an outline of legal issues and factual matters to be resolved.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing or requesting any specific time deadlines, procedures, or other requirements that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: All notices, decisions and any other documents relevant to this matter should be served on the attorney of record for the agency and upon the contact person for the agency identified in item 4 above.