



Florida Department of Health  
National Collaborative for Bio-Preparedness (NCBP)  
Agency Activation form

Date: \_\_\_\_\_  
Type of Request:       New                       Updated

**Agency Information**

Agency Type:       Fire/EMS  
                             County Health Department  
                             Law Enforcement  
                             State Agency  
                             Other: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Agency ID: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**NCBP Account Administrator** (\*Key user that will provision access to other agency users)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

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The undersigned persons certify that the requested access to the National Collaborative for Bio-Preparedness is for lawful purpose and is authorized under Florida Statutes. The information contained in this application and in any attached exhibits that serves as a basis for access, is true and correct. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Please email completed forms to: [EMSdata@flhealth.gov](mailto:EMSdata@flhealth.gov)