

INSTRUCTIONS TO CREATE NEW COMPANY

Once you sign in to the Public Portal, your screen should appear as follows. Click on the **My Profile** button.

If you want to create a Brand New Company or enter an existing company for the **first time**, click on **New Company Registration**. (If you never been registered for the license type you are applying for)

Home > My Programs

Adper Amandaone

Home
Public Search
My Profile
New Company Registration
Apply for a Program
Sign Off
Help

Search Criteria

License Number:
Program:
Status:
City:

Search Reset

Programs for Adper Amandaone

| License # | Applicant | Program | Status | Issue Date | Expiry Date | City | Details | Online Services | Renew |
|-----------|-----------|---------|--------|------------|-------------|------|---------|-----------------|-------|
|-----------|-----------|---------|--------|------------|-------------|------|---------|-----------------|-------|

Make Payment

Enter company and address details. Click on **Continue**. Your screen should appear as follows:

Home > My Programs > Company Profile

Home
Public Search
My Profile
Sign Off
Help

Basic Profile Details

Company Name*: MercyXXXXXX
Tax ID / EIN / SSN*:
Company Type: Individual Ownership
Program Type:
Preferred Address: Public Address
Email Address: me@gma.com

Physical Address Details

ATTN: City*: Polk
Street Number**: XXXXXX County:
Street Prefix: State*: Iowa
Street Name**: AD Country:
Street Type**: Crescent Zip Code*: 50322
Street Direction: Phone 1*: 7896788909 Home
Unit Type: Phone 2:
Unit Number: Phone 3:

Continue Reset

COMPANY IS CREATED

IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health



Home > My Profile

| | | | |
|--------------------------------------|--|----------------------------|---|
| Home | Basic Profile Details | | PIN: 1892 |
| Sign Off | Name: | Adper Amandaone | |
| Help | Date of Birth: | 11/24/1991 | |
| | Email Address*: | adperamandaone@gmail | |
| | Preferred Address: | <input type="text"/> | |
| Registered User's Memberships | Physical Address Details | | |
| MercyXXXXXX | ATTN: | <input type="text"/> | City*: Des Moines <input type="text"/> |
| | Street Number**: | 09 | County: Page <input type="text"/> |
| | Street Prefix: | North <input type="text"/> | State*: Iowa <input type="text"/> |
| | Street Name**: | Oliver | Country: US <input type="text"/> |
| | Street Type**: | Drive <input type="text"/> | Zip Code*: 56789 |
| | Street Direction: | <input type="text"/> | Phone 1*: 8990900900 <input type="text"/> Work <input type="text"/> |
| | Unit Type: | <input type="text"/> | Phone 2: <input type="text"/> Home <input type="text"/> |
| | Unit Number: | <input type="text"/> | Phone 3: <input type="text"/> |
| Select a Membership for your Actions | <input type="button" value="Continue"/> <input type="button" value="Reset"/> | | <input type="button" value="Addresses"/> |