

CONTRA COSTA HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

APPLICATION FOR AMBULANCE SERVICE PERMIT – EMERGENCY SERVICES

Initial Application

Renewal Application

Company Name

1. Company's Agent for County Permit Process

Agent's Address (Street, City or Town, State, Zip Code)

Agent's Telephone Number FAX Number E-mail Address

Business Name(s) – if different than Company name.

Business Address(es) – if different than Agent's address.

Attach separate description of each ambulance including:

2. (1) the make, model, year of manufacture, vehicle identification number, current California license number and length of time vehicle has been in use;
 - (2) the color scheme, insignia, name, monogram and other distinguishing characteristics of the vehicle;
 - (3) a description of the company's program for maintenance of the vehicle; and
 - (4) a description of the vehicle's radio(s).
3. Attach copies of the currently valid California Highway Patrol Inspection Report for each vehicle.
 4. Have you obtained all appropriate licenses and/or permits required by State law and regulations: yes no
 5. Attach names, qualifications and evidence of certification of each EMT-I or paramedic employed, or to be employed to provide ambulance services.
- Attach your most recent:
6. (1) financial statement (revenue, expenditures, balance sheet) stating total assets and liabilities;
 - (2) evidence of insurance with a minimum limit of \$1,000,000 Comprehensive Liability including vehicular and professional liability which may be provided through primary and/or umbrella policies which are acceptable to the permit officer; and
 - (3) evidence of Workman's Compensation Insurance.

X Signature of Applicant:

Date:

Ambulance permit Fees are approved by the Contra Costa Board of Supervisors. The current ambulance permit fee schedule is on file and available at the Emergency Medical Services Agency office. The County contracted emergency ambulance provider is required to obtain an emergency ambulance permits for all five (5) emergency response areas.

AMOUNT INCLOSED WITH THIS APPLICATION IS: \$

DO NOT WRITE BELOW THIS LINE

- All requirements are met. The following requirements are not met: No.(s)
- Emergency Permit approved for emergency response area(s) Expiration Date: _____
- Emergency Permit disapproved for emergency response area(s) - see attached statement
- Temporary Emergency Permit approved for emergency response area(s) Expiration Date: _____
- Emergency Permit disapproved for emergency response area(s) - see attached statement

X Signature Of Permit Officer:

SUBMIT TWO (2) COPIES TO THE EMERGENCY MEDICAL SERVICES AGENCY OFFICE.