

APPLICATION FOR AMBULANCE SERVICE PERMIT – **NON-EMERGENCY SERVICE**

Initial Application

Renewal Application

Company Name _____

1.

Company's Agent for County Permit Process
Address _____

Agent's Telephone Number _____

FAX Number _____

E-mail _____

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

Form of Ownership:

Sole Proprietorship

Name of Owner _____

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

2.

Owner's Telephone Number _____

FAX Number _____

E-mail Address _____

Partnership (list all partners – attach additional sheet(s) if necessary)

Name _____

Address _____

Share of Ownership _____

Name _____

Address _____

Share of Ownership _____

Corporation: Publicly Traded or Privately Held - complete the following for each Corporation Officer (attach additional sheets if necessary)

Name _____

Title _____

Address _____

Share of Ownership _____

Name _____

Title _____

Address _____

Share of Ownership _____

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

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

3. Attach documentation specified on *Non-Emergency Ambulance Provider Permit Application Checklist*

4. Have you obtained all appropriate licenses and/or permits required by State law and regulations: yes no

5. Level of service to be provided: Basic Life Support Advanced Life Support
(Additional authorization required to provide ALS level of service.)

6. Submit application fee - 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.

X Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Non-Emergency Permit approved Expiration Date: _____

Non-Emergency Permit disapproved (see attached statement)

Temporary Non-Emergency Permit approved Expiration Date: _____

X Signature Of Permit Officer: _____

Date: _____