

Company License No.:\_ Expiration Date:

For Office Use

License Fee: \$500.00 Plus License Term: 1 year Permit Fee: \$25.00 per vehicle Term of Permit: Until Expiration of Ambulance License

### APPLICATION FOR AMBULANCE SERVICE WITHIN MCALLEN CITY LIMITS

### THIS APPLICATION IS IN ACCORDANCE TO THE CITY OF MCALLEN, CODE OF ODINANCES, CHAPTER SEC. 42-76 and the McAllen Fire Department's Policies and Procedures.

#### **§42-80 AMBULANCE LICENSE**

No person shall operate or allow the operation of any ambulance service or vehicle regulated by this article within the City of McAllen until the Permit Officer verifies compliance with all rules and regulations prescribed by the City and with the applicable state statutes pertaining to the operation of ambulances, and issues any required licenses and permits.

§42-81 LICENSE APPLICATION	Please check:	Initial 🗆	Amendment		Supplement 🗆
<b>COMPANY &amp; OWNER INFORM</b>	ATION DSHS	State License #	<b>:</b>		<b>Expiration Date:</b>
Company Name:		Owner Name:			
Company Name:	ST/Zip	Owner/s Addres	s:City_		ST/Zip
Mailing Address:City	ST/Zip	Driver's License	e #:		DOB:
Phone No.:()		Owner/s Phone	No.:(	)	
Fax No.:()		Owner/s Email:			
Other Phone No.:()		Other Email:			
Description of Vehicles to be used for Ambulance Services					
Vehicle 1	OVE		City of McAller	n Pe	rmit #
Description of Ambulance(s) Type:					
Ambulance No.: Vehicle Year:	Vehic	le Make:	Vehi	cle N	Iodel:
Vehicle VIN #	Licen	se Plate No.:		E:	piration Date:
Vehicle VIN # vehicle rear State VIR Expiration: (Vehicle Inspection Report) available at <u>www.myt</u>	DSHS	License Certifica	ate #	_ E>	piration Date:
(Vehicle Inspection Report) available at <u>www.myt.</u>	<u>xcar.com</u>	(DSHS certificate m	ust be original at time	e of in	spection)
Highest Level Designation: $\Box$ BLS $\Box$ A	ALS 🗋 MICU (wi	ill be inspected at	highest level of de	sign	ation at time of inspection)
Vehicle 2	OVE		City of McAller	n Pe	rmit #
Description of Ambulance(s) Type:  I. 1	Pick-up Chassis/Bo	ox 🗆 II. Van 🛛	III. Van/Box		Other:
Ambulance No.: Vehicle Year:					
Vehicle VIN #	Licen	se Plate No.:		E	xpiration Date:
State VIR Expiration: (Vehicle Inspection Report) available at <u>www.myt.</u>	DSHS	License Certifica	ate #	E	piration Date:
(Vehicle Inspection Report) available at <u>www.myt.</u>	xcar.com	(DSHS certificate m	ust be original at time	of in	spection)
Highest Level Designation: $\Box$ BLS $\Box$ A	ALS 🗌 MICU (wi	ill be inspected at	highest level of de	sign	ation at time of inspection)
Vehicle 3					rmit #
Description of Ambulance(s) Type: 🔲 I.					
Ambulance No.: Vehicle Year:					
Vehicle VIN #	Licen	se Plate No.:		E:	xpiration Date:
State VIR Expiration: (Vehicle Inspection Report) available at <u>www.myt.</u>	DSHS	License Certifica	ate #	_ E>	piration Date:
(Vehicle Inspection Report) available at <u>www.myt.</u>	<u>xcar.com</u>	(DSHS certificate m	ust be original at time	e of in	spection)
Highest Level Designation:  BLS  A	ALS 🗋 MICU (wi	all be inspected at	highest level of de	sign	ation at time of inspection)
Vehicle 4			City of McAller	n Pe	rmit #
Description of Ambulance(s) Type:  I.					
Ambulance No.: Vehicle Year:	Vehic	le Make:	Vehi	cle N	Iodel:
Vehicle VIN #	Licen	se Plate No.:		E:	piration Date:
State VIR Expiration:	DSHS	License Certifica	ate #	_ E>	piration Date:
(Vehicle Inspection Report) available at <u>www.myt</u>	<u>xcar.com</u>	(DSHS certificate m	ust be original at time	of in	spection)
Highest Level Designation: BLS ALS MICU ( <i>will be inspected at highest level of designation at time of inspection</i> )					

\*\*If you need to provide information for additional vehicles, please submit a separate application sheet.

# **\*\* Please Note: All Documents must be printed by the Provider and submitted with initial application.**

**Medical Equipment & Documents** 

Provide a COPY of your Minimum supply list signed by your Medical Director (For our records), Provide a COPY of DSHS Provider Application, Provide a complete copy of Protocol Book which must be submitted in electronic, PDF, single file format and must be exactly as what is carried in the vehicles. No single separate files will be accepted. No other files or documents should be on the CD or USB drive.

## \*\*If no changes were made and you would like to use the 2015 Protocols & DSHS Application submitted with your 2015 application; Please Sign & Date Here:

Biohazards

Please provide a copy of your Biohazards contract for our records. Biohazards contract must have a current and valid date or include length of contract and / or terms. A recent 'PAID' invoice/receipt dated within the last 30 days is acceptable.

#### **Personnel Information**

Attach a list (Excel spreadsheet format) of all Personnel information (all personnel employed by the company and not limited to certified EMS personnel) must include but is not limited to: employee name, date of birth, driver's license number and expiration date, DSHS certification number and expiration date as required and maintained by state law.

### Ambulance Service Insurance Information & Insurance Provisions

Attach a copy of every insurance policy or other proof of financial responsibility covering any **vehicle** owned or operated by the applicant for any liability imposed on such owner or operator, regardless of whether the vehicle is being driven by an employee, agent or lessee, which coverage shall be in at least the following amounts: (i) Liability for injury to any one person, \$1,000,000. (ii) Liability arising out of one occurrence, for injury to one or more persons arising out of one occurrence, \$1,000,000. (iii)

Property damage, per occurrence, \$1,000,000. (iv) Malpractice for injury to any one person, \$500,000. Any change in the insurance information shall be reported within five (5) working days after the change occurs. The City of McAllen be named as 'Certificate Holder'.

Applicant Signature	Date	(Print name)			
Received By	Date	(Print name)			

I understand that any change in the information required in a license application or a renewal thereof shall be reported by licensee to the Permit Officer within five (5) working days after the change occurs.

Signature

Date

\*\* Failure to comply will result in Suspension and / or Revocation of your City of McAllen Ambulance License and / or Permit(s).

### I have received a copy of the Ambulance Ordinance and the most recent Policies and Procedures manual

Signature

Applications will not be accepted incomplete. A copy of this application, the Policies and Procedures manual, McAllen Ambulance Ordinance, City of McAllen's Inspection Report form used to conduct inspections, Appointment Confirmation form and the list of Licensed Ambulance Service Providers is available online at: <u>http://www.mcallen.net/fire/default.aspx</u>. Inspections are conducted using the providers' minimums list which must have the Medical Director's signature along with the City of McAllen's Inspection Report form. Inspections are conducted by **appointment only and upon availability Monday, Wednesday & Friday** from 9am – 11am & 2pm – 3pm; payment must

Updated 1/2016 rr

Date

be received prior to scheduling. Appointment Confirmation form and payment receipt must be received 24 hours prior to appointment date and time.

## \*Note: Inspector will adhere Permits at time & location of Inspection.



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