



2020

**APPLICATION FOR AMBULANCE SERVICE
WITHIN MCALLEN CITY LIMITS**

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

Company License No.: _____
Expiration Date: _____
<i>For Office Use</i>

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

§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 <input type="checkbox"/>	Amendment <input type="checkbox"/>	Supplement <input type="checkbox"/>
COMPANY & OWNER INFORMATION		DSHS State License #:		Expiration Date:

Company Name: _____	Owner Name: _____
Physical Address: _____ City _____ ST/Zip _____	Owner/s Address: _____ City _____ ST/Zip _____
Mailing Address: _____ City _____ ST/Zip _____	Driver's License #: _____ 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 **ADD** **REMOVE** **City of McAllen Permit #** _____

Description of Ambulance(s) Type: I. Pick-up Chassis/Box II. Van III. Van/Box Other: _____

Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____

State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(Vehicle Inspection Report) available at www.mytxcar.com (DSHS certificate must be original at time of inspection)

Highest Level Designation: BLS ALS MICU *(will be inspected at highest level of designation at time of inspection)*

Vehicle 2 **ADD** **REMOVE** **City of McAllen Permit #** _____

Description of Ambulance(s) Type: I. Pick-up Chassis/Box II. Van III. Van/Box Other: _____

Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____

State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(Vehicle Inspection Report) available at www.mytxcar.com (DSHS certificate must be original at time of inspection)

Highest Level Designation: BLS ALS MICU *(will be inspected at highest level of designation at time of inspection)*

Vehicle 3 **ADD** **REMOVE** **City of McAllen Permit #** _____

Description of Ambulance(s) Type: I. Pick-up Chassis/Box II. Van III. Van/Box Other: _____

Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____

State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(Vehicle Inspection Report) available at www.mytxcar.com (DSHS certificate must be original at time of inspection)

Highest Level Designation: BLS ALS MICU *(will be inspected at highest level of designation at time of inspection)*

Vehicle 4 **ADD** **REMOVE** **City of McAllen Permit #** _____

Description of Ambulance(s) Type: I. Pick-up Chassis/Box II. Van III. Van/Box Other: _____

Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____

State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(Vehicle Inspection Report) available at www.mytxcar.com (DSHS certificate must be original at time of inspection)

Highest Level Designation: BLS ALS MICU *(will be inspected at highest level of designation at time of inspection)*

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

