CITY OF McALLEN

2021

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** ☐
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.***

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

Medical Equipment & Documents

MINIMUMS SUPPLY LIST MUST BE CATEGORIZED **NO EXCEPTIONS*, Provide a COPY of DSHS Provider Application, Provide a complete copy of Protocol Book to include the minimums supply list with medical director's signatures, effective date, expiration date 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; only Protocol Book (PDF).

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 from the biohazards company dated within the last 30 days is acceptable.

Personnel Information

Attach a list 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 _____ Date _____

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: http://www.mcallen.net/fire/default.aspx. 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 through Friday from 9am – 11am & 2pm – 3pm**; payment must 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.***

Placement of Permit Decal