

# **2026 Ambulance Application Check List**

\*\*\*Please have the following check list completed and ready to submit in order to continue with inspection.

<input type="checkbox"/> City of McAllen Ambulance Application (completed)
<input type="checkbox"/> Current Biohazard Contract and "PAID" Invoice/Receipt ( <i>Within the Last 30 Days If No Contract</i> )
<input type="checkbox"/> Copy of Insurance Policy with VIN# Listed <ul style="list-style-type: none"><li>○ <i>General \$1,000,000</i></li><li>○ <i>Auto \$1,000,000</i></li><li>○ <i>Professional Liability \$500,000</i></li></ul>
<input type="checkbox"/> Minimum Supply List (Medical Director's Signature) <input type="checkbox"/> Medical Protocol Book with Medical Director's Signature (Please email to <a href="mailto:ambulancepermits@mcallen.net">ambulancepermits@mcallen.net</a> )
<input type="checkbox"/> Personnel List Must Include: (specify information) <ul style="list-style-type: none"><li>○ <i>Employee Name</i></li><li>○ <i>DOB</i></li><li>○ <i>DL# with Exp. Date</i></li><li>○ <i>DSHS Cert. # with Exp. Date</i></li></ul>
<input type="checkbox"/> Copy of DSHS Provider Application/Renewal Application
<input type="checkbox"/> Copy of the DSHS License Document Certificate Number

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_