Yolo Emergency Medical Service Agency
137 N. Cottonwood Street, Suite 2601
Woodland, CA 95695 – (530) 666-8645

AMBULANCE PERMIT APPLICATION

❑ Initial Application ❑ Renewal Application

❑ Air Ambulance ❑ ALS Non-transporting ❑ Basic Life Support ❑ Critical Specialty Transport

Company Name: **Website:**

Contact for Application: Email:

Phone #: Fax #:

Mailing Address:

City: State: Zip:

Please check a box and complete the information as appropriate.

❑ Sole Proprietorship

Owner Name: Email:

Phone #: Fax #:

Mailing Address:

City: State: Zip:

❑ Partnership – List all partners.

Name: Email: Share of Ownership:

Mailing Address: State: Zip:

Name: Email: Share of Ownership:

Mailing Address: State: Zip:

Name: Email: Share of Ownership:

Mailing Address: State: Zip:

❑ Corporation ❑ Publicly Traded ❑ Privately Held (Complete the following for each Corporation Officer)

Name: Title:

Mailing Address: State: Zip:

Share of Ownership: Email:

Name: Title:

Mailing Address: State: Zip:

Share of Ownership: Email:

Name: Title:

Mailing Address: State: Zip:

Share of Ownership: Email:

Business Name(s) if different than Company Name:

Business Address if different than above:

Please enclose the below items with your application, missing items may cause for application to be rejected.

- ❑ Attach portfolio of company's experience and training in transportation and care of patients
- ❑ Attach separate description of each ambulance for which authorization is being requested, including:
  - ❍ Make, model, year of manufacture, vehicle identification number, current California license number, and length of time vehicle has been in use
  - ❍ Color scheme, insignia, name, monogram, and other distinguishing characteristics of the vehicle
  - ❍ Description of the company's program for vehicle maintenance
  - ❍ Description of the vehicle's radio(s) capabilities
- ❑ Attach copies of valid California Highway Patrol Inspection Reports for each vehicle
- ❑ Appropriate license(s) and/or permit(s) required by State law and regulations are current. ❑ Yes ❑ No
- ❑ Attach names, qualifications, and evidence of certification for each EMT-1, Paramedic, and/or Registered Nurse employed, or to be employed, to provide ambulance services
- ❑ Attach a description of company's training and orientation programs for ambulance personnel and dispatchers
- ❑ Attach a letter stating willingness to share data with the YEMSA, and participate in CQI as needed.
- ❑ Attach your most recent:
  - ❍ Financial statement (revenue, expenditures, balance sheet) stating total assets and liabilities;
  - ❍ Evidence of insurance (as required by Authorization Agreement);
  - ❍ Evidence of Workers' Compensation Insurance
- ❑ Attach your statement asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the permit(s) as requested.
- ❑ Application fee(s) enclosed: $___________________________________

Permit fees are approved by the YEMSA Board of Directors. The current ambulance permit fee is on file and available at the Yolo Emergency Medical Services Agency office.

Please complete the CCT Supplement Application if you provide Critical Care Transport.

I certify that all information on this application, to the best of my knowledge, is true and correct.

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Signature of Applicant Date

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YEMSA USE ONLY!

❑ Requirements met	❑ Requirements not met
❑ Application fee/renewal fee paid	❑ Temporary non-emergency Permit approved
❑ Non-emergency Permit Approved	❑ Non-emergency Permit disapproved
❑ Air Ambulance Permit Approved	❑ Air Ambulance Permit disapproved

Number of Permits Approved: Expiration Date:

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Reviewed By: Name and Title Date