



2015

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.

§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 #: _____
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 Inspection Sticker Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(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 Inspection Sticker Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(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 Inspection Sticker Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(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 Inspection Sticker Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____

(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.**

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

Medical Equipment

Provide a COPY of your Minimum supply list signed by your Medical Director (For our records)

Provide a COPY of DSHS Provider Application (Complete with Protocol)

****NO HARD COPY**MUST BE IN ELECTRONIC FORM****

****If no changes were made and you would like to use the 2014 Protocols & DSHS Application submitted with your 2014 application; Please Sign & Date Here:** _____

Biohazards

Please provide a copy of your Biohazards contract for our records. (Must have a current date)

Names & License information of Persons Operating such Vehicles

Attach a list (Excel spreadsheet format) of all persons who will operate ambulances, to include names, age and pertinent personal information, along with the number and date of issuance/expiration of all licenses as held by each of the persons associated with the emergency medical services provider and as required and maintained by state law.

Ambulance Service Insurance Information & Insurance Provisions

Attach proof of insurance in 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 additional insureds in all insurance policies.

Applicant Signature

Date

(Print name)

Received By

Date

(Print name)

Vehicles that fail inspection or have not been inspected within 15 calendar days from the date of paid receipt may be scheduled for re-inspection upon payment of \$25.00 re-inspection fee.

Signature

Date

Deadline: _____

Office Use Only

**** 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 Policies and Procedures manual

Signature

Date

Applications will not be accepted until full payment is made. 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, Wednesday & 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

