2027 Ambulance Application Check List

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

☐ City of McAllen Ambulance Application (completed)
☐ Current Biohazard Contract and "PAID" Invoice/Receipt *(Within the Last 30 Days If No Contract)*
☐ Copy of Insurance Policy with VIN# Listed ○ *General $1,000,000* ○ *Auto $1,000,000* ○ *Professional Liability $500,000*
☐ Minimum Supply List (Medical Director's Signature) ☐ Medical Protocol Book with Medical Director's Signature (Please email to ambulancepermits@mcallen.net)
☐ Personnel List Must Include: (specify information) ○ *Employee Name* ○ *DOB* ○ *DL# with Exp. Date* ○ *DSHS Cert. # with Exp. Date*
☐ Copy of DSHS Provider Application/Renewal Application
☐ Copy of the DSHS License Document Certificate Number

Name: _____

Signature: _____

Date: _____