



# Initial Certificate to Operate Ambulances

REFERENCE - ADMINISTRATIVE POLICY 4001

## INITIAL CERTIFICATION & PERMIT APPLICATION CHECKLIST

MATERIALS TO BE SUBMITTED	CHECK ONE Enclosed / To Follow	FOR OFFICE Use Only
Check List (this form) - Submit one copy to NCEMSA	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Operation Application Policy 4001 Form - 1	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Certification / Permit Application Policy 4001 Form - 2	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Permit Required Statements (attach to application)	<input type="checkbox"/> <input type="checkbox"/>	
CHP / DMV License(s) / Inspections for each Vehicle	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Permit Vehicle Inventory List Policy 4001 Form - 3	<input type="checkbox"/> <input type="checkbox"/>	
Current Rate Sheet	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Permit Personnel Roster Policy 4001 Form - 4	<input type="checkbox"/> <input type="checkbox"/>	
Local Certification / Accreditation (for all staff)	<input type="checkbox"/> <input type="checkbox"/>	
Pay Applicable Fees	<input type="checkbox"/> <input type="checkbox"/>	
Ambulance Permit Indemnification Statement Policy 4001 Form - 5	<input type="checkbox"/> <input type="checkbox"/>	
Executed Agreement for ALS Program Services	<input type="checkbox"/> <input type="checkbox"/>	
Current Insurance Face Sheets for: <ul style="list-style-type: none"> <li>• General Liability for Vehicle Operation*</li> <li>• Comprehensive Medical Liability*</li> <li>• Workman's Compensation**</li> </ul> * Shall also name the County as co-insured ** Valid Certificate to Self Insure from the State of California Director of Industrial Relations is acceptable.	<input type="checkbox"/> <input type="checkbox"/>	

Applicant Business Name: \_\_\_\_\_

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



# AMBULANCE OPERATION APPLICATION

## INITIAL APPLICATION

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Ambulance Service Level(s) - ALS \_\_\_\_\_ BLS \_\_\_\_\_ CCT \_\_\_\_\_ Other \_\_\_\_\_

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Company Name

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Company Agent for the County Ambulance Operation Application Process

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Agent's Address (Street, City or Town, State, Zip Code)

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Agent's Telephone Number

Fax Number

E-mail Address

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Business Name(s) - (If different than Company Name)

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Business Address(es) – (If different than Agent's address)

Attach a separate description for each of the following:

- 1) \_\_\_\_\_ Attach a list showing where, how long and under what name the applicant(s) have provided ambulance service within Napa County prior to establishment of Napa's Ambulance Ordinance No. 1344, Division VI EMS Chapter 8.70.
- 2) \_\_\_\_\_ Attach a list showing where, what type, and how long the applicant(s) have provided service.
- 3) \_\_\_\_\_ Attach a copy of the current California Highway Patrol (CHP) Emergency Ambulance Non-Transferable License.
- 4) \_\_\_\_\_ Attach a copy of the Business License(s) for the City(ies) in which doing business.
- 5) \_\_\_\_\_ Attach a list showing education, training, and experience of the applicant.
- 6) \_\_\_\_\_ Attach a list showing the actual number of ambulances and include the following information for each: make, model, year, the vehicle identification number (VIN), State vehicle license number, proof of current Department of Motor Vehicle (DMV) registration, proof of CHP Ambulance Inspection Report and Ambulance Identification Certificate.
- 7) \_\_\_\_\_ Applicant will have sufficient personnel adequately trained, and available to deliver ambulance service of good quality at all times. Attach a list showing their names and copies of their certifications/licenses.
- 8) \_\_\_\_\_ Attach a copy of the training and orientation programs for EMTs, paramedics, critical care transport nurses and/or dispatchers.

**AMBULANCE OPERATION APPLICATION**

- 9) \_\_\_ Attach a description of the company's program for maintenance of vehicles.
- 10) \_\_\_ Attach a description and photo/image of the company's logo and color scheme to be used to designate the ambulances of the applicant.
- 11) \_\_\_ Attach a description of the locations (post, bases, and offices) from which ambulances will be dispatched to provide services offered in Napa County, noting the hours of operation and phone numbers.
- 12) \_\_\_ Provide evidence of insurance coverage compliance (1) A certificate of Consent to Self Insure issued by the California State Director of Industrial Relations OR, (2) a Certificate of Workman's Compensation Insurance.
- 13) \_\_\_ Provide a schedule of all service charges and rates to be charged showing compliance with any maximum charges if so established by the County.

**Please initial after the following statement to show agreement and compliance:      Initial:**

- (1) Applicant does not have any pending criminal actions, civil actions, and/or EMS fact finding or certification/licensure: \_\_\_\_\_
- (2) I the applicant will abide by the regulations of the California Vehicle Code and the Code of Regulations, Title 13, Motor Vehicles: \_\_\_\_\_
- (3) Applicant owns or has under his/her control ambulances in good mechanical condition, with the required equipment to consistently provide quality ambulance service in the area for which it is applying: \_\_\_\_\_
- (4) Applicant owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition: \_\_\_\_\_
- (5) Applicant understands and will comply with LEMSA's staffing, equipment, and supply specification(s) policies regarding equipment carried on each ambulance. \_\_\_\_\_
- (6) Applicant understands and agrees to comply with the ambulance permitting and inspection process: \_\_\_\_\_
- (7) Applicant's ambulances are equipped with radios capable of communicating with designated dispatch centers and the radio's are in good working order: \_\_\_\_\_
- (8) Applicant agrees to pay an application fee for Certificate of Operation as set forth in Napa's Ambulance Ordinance No. 1344, Division VI EMS Chapter 8.70. \_\_\_\_\_
- (9) The applicant agrees to make payment for the Ambulance Inspection for each ambulance to be inspected: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

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



# AMBULANCE CERTIFICATION PERMIT APPLICATION

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence Address of Applicant: \_\_\_\_\_

Trade or Firm Name, or DBA Recorded: \_\_\_\_\_

Proprietary  Non-Profit  Individual  Public Safety  Partnership  Corporation

Main Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Station Addresses: (Indicate number and level of vehicles at each station)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Level(s) of Service:** ALS \_\_\_\_\_ BLS \_\_\_\_\_ CCT \_\_\_\_\_ Other \_\_\_\_\_

I certify that all information in connection with this application for an ambulance permit is correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* This application must be signed by a person with authority to bind the organization\*\*\***

<i>FOR OFFICE USE ONLY</i>	
Recommendation:	Approved: _____ Denied: _____
Board of Supervisors Action:	Approved: _____ Denied: _____
File #: _____	Date of Permit: _____
Operating Area(s): _____	
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# AMBULANCE PERMIT REQUIRED STATEMENTS

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<b>STATEMENTS</b>	Attach to the application a positive, signed statement on your company letterhead accepting each of the following conditions:
<b>Experience and Qualifications</b>	A statement of facts showing the experience of the applicant in the operation of BLS, ALS, and/or ambulance programs and service in any jurisdiction. Statement must clearly demonstrate that the applicant is qualified to render efficient 24-hour 7 day a week ambulance service.
<b>Corporation</b>	If applicant is a corporation, a joint venture, a partnership or limited partnership, provide a list of all; names, permanent addresses and titles of all partners, officers, directors or corporate officers and their percentage of participation the business.
<b>Business Licenses</b>	Attach copies of all applicable City, County, or applicable licenses held by the applicant for the City and/or County in which you are doing business.
<b>Applicant Legal History</b>	A statement of the Legal History of the Applicant, corporate officers, partners, including all criminal and civil convictions.
<b>Area Description</b>	Provide a narrative description of the proposed primary ambulance support operations, including but not limited to: <ul style="list-style-type: none"><li>○ Geographic area to be served.</li><li>○ Level of service proposed (ALS, BLS, CCT, Other).</li><li>○ Staffing pattern.</li></ul>
<b>Required Equipment</b>	A statement that the applicant owns or has under its control, in good mechanical condition, all required equipment to adequately conduct a basic or advanced life support program and service which, meet the requirements established by the California Vehicle Code, Napa County EMS Agency Policies and Procedures and applicable Emergency and Ambulance Ordinances.
<b>Required Vehicles</b>	A statement that the applicant owns or has access to suitable and safe facilities for maintaining emergency vehicles in a clean and sanitary condition, and a complete description of the facilities.
<b>Schedule of Rates</b>	A schedule of rates (including any special rates) to be charged for EMS transports and/or advanced life support services.
<b>Conformation to all Provisions</b>	An affirmation that each permitted vehicle and its appurtenances conform to all applicable provisions of the California Vehicle Code, the California Codes and regulations, the Napa County EMS Agency Policies and Procedures, and any other applicable Federal, State and/or County directives.

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**AMBULANCE PERMIT REQUIRED STATEMENTS**

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<b>Exclusive Operating Area(s)</b>	A statement that the applicant agrees not to provide emergency ambulance and/or advance life support services within an exclusive operating area(s) without specific written permission of the EMS Agency, and that the permit holder understands and agrees that if the permit holder does provide such services without specific written permission, it is grounds to revoke their permit.
<b>Fees</b>	A statement that the applicant shall pay all appropriate fees as determined by the County Board of Supervisors. This includes but is not limited to Permitting, Inspection, and EMS dispatch fees.
<b>Program Requirements</b>	<p>Describe how each of the following program requirements will be met:</p> <ul style="list-style-type: none"> <li>• Non-transporting vehicles used as supply, or emergency staff response, must be equipped and meet applicable laws and regulations as emergency vehicles.</li> <li>• A signed statement that all units in the proposed program are equipped according to the Napa County EMS Agency Policies and Procedures minimum equipment list for ambulance resources.</li> <li>• ALS units are required to secure and carry all required advanced equipment and supplies.</li> <li>• ALS Services must supply all required drugs and pharmaceuticals, and comply with the County Narcotics Policy.</li> <li>• All vehicles will have installed properly programmed and operating radios for dispatch, coordination, and Medical Control, as required by EMS Agency policy.</li> <li>• ALS services must appoint a Paramedic or Registered Nurse (RN) to serve as liaison to the Base Hospital.</li> <li>• Personnel will participate in audit, review, and critique of calls in all required continuing education programs and meetings.</li> <li>• State personnel and unit/ambulance coverage patterns.</li> <li>• Include the company's "Disaster Response Plan" including, a personnel call-back plan.</li> <li>• Demonstrate an appropriate maintenance and service plan for all fleet vehicles to be used in relation to this permit.</li> <li>• Provide narrative and graphic (photo) images of all vehicles color scheme and logos for the proposed service.</li> </ul>
<b>Maintenance of Level of Service</b>	A statement that applicant does not foresee any reduction from level of service, vehicles, staff or capabilities in any area covered by this application.
<b>Employee Orientation</b>	A Statement that all employees and staff will be adequately oriented to the emergency ambulance and/or advanced life support program in Napa County, and will be encouraged to cooperate with the program.
<b>Licensed/Accredited Personnel</b>	A statement that only licensed certified and properly accredited personnel will be allowed to perform advanced procedures.

**AMBULANCE PERMIT REQUIRED STATEMENTS**

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<b>Recordkeeping</b>	<p>A statement that applicant will cooperate with the Napa County Emergency Medical Services Agency in the collection and analysis of patient care, operational and other data necessary to an on-going evaluation of ambulance and advanced life support operations. Necessary records and other information will be provided to the EMS Medical Director (or designee) to allow assessment of ambulance and ALS services. Appropriate confidentiality will be maintained.</p>
<b>Protocols</b>	<p>A statement that applicant agrees that in the operation of any emergency Non-emergency, or advanced life support unit, it will follow all Napa County Emergency Medical Services Agency protocols, policies and procedures.</p>
<b>Decertification</b>	<p>A statement that applicant recognizes the right of the EMS Medical Director and/or the State EMS Authority to suspend or revoke the license of personnel and agrees that persons so suspended or de-licensed will not be allowed to operate or function on an ambulance or advanced life support unit.</p>
<b>Records</b>	<p>A statement that applicant agrees to complete such reporting mechanisms as required by the County, State or Federal regulations.</p>
<b>Replacement of Medications</b>	<p>A statement that applicant agrees that it will not charge for drugs, medications, solutions or supplies used in any medical emergency when such materials are replaced by a hospital.</p>
<b>Employment of Personnel</b>	<p>A statement that the applicant employs sufficient certified/licensed personnel, adequately trained and accredited in Coastal Valleys to deliver emergency medical services of good quality at all times in the applicant's proposed primary service area.</p>
<b>Participation in County Quality Improvement Program</b>	<p>A statement that the applicant shall participate in Napa County EMS Agency's Quality Improvement program as outlined in the policies and procedures section of the County EMS Agency Policies.</p>
<b>Vehicle List</b>	<p>A list (Attached below) giving a complete description of each ambulance vehicle operated by the applicant including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Year of manufacture.</li> <li>• Name of manufacturer of chassis.</li> <li>• Total mileage as of date of application.</li> <li>• Complete inventory of medical and rescue supplies and equipment.</li> </ul>
<b>CHP/DMV Registration and Inspection Forms</b>	<p>Must be amended as required during the year for any changed, substituted, loaned or leased vehicles.</p> <p>A copy of the most recent (Applicable) Current and valid Inspection Report issued by the California Highway Patrol or California Department of Motor Vehicles for each vehicle and a copy of the vehicle certificate issued.</p>

**AMBULANCE PERMIT REQUIRED STATEMENTS**

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**Personnel List**

A list of all personnel who will be used in providing the proposed service, listing the following information of each employee:

- Name.
- Mailing address.
- Level of training.
- License or certification number.
- Date of expiration of certification/license.

Must be amended as required during the year for any personnel changes.

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**STATEMENT OF INDEMNIFICATION**

A statement (Attached below) signed by the applicant that as a condition of the County issuing a permit, applicant agrees to appear and defend all actions against the County arising out of the exercise of said permit and shall indemnify and save the County, its' officers, employees and agents harmless and from all claims, demands, actions or causes of action of every kind and description resulting directly or indirectly arising out of, or in any way connected with, the exercise of the permit.

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# AMBULANCE PERMIT PERSONNEL ROSTER

Business Applicant Name: \_\_\_\_\_

NAME	MAILING ADDRESS	LEVEL OF CERTIFICATION	CERTIFICATION / LICENSE #	EXPIRATION CERTIFICATION / LICENSE

(Attach more copies as necessary to include all personnel)

I certify that the above information is correct as of the time submitted for each employee.

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

Title: \_\_\_\_\_

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



# AMBULANCE PERMIT STATEMENT OF INDEMNIFICATION

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As a condition of the Napa County EMS Agency issuing a permit for the Certification to Operate an Ambulance in Napa County,

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**(BUSINESS APPLICANT NAME)**

agrees to appear and defend all actions against the County arising out of the exercise of said permit and shall indemnify and save the County, its officers, employees, and agency harmless and from all claims, demands, actions, or causes of actions of every kind and description resulting directly or indirectly, arising out of, or in any way connected with the exercise of the permit.

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

Title: \_\_\_\_\_

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

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