

**Application for Non-Emergency Ambulance Service
Certificate of Operation
Alameda County Emergency Medical Services**

Initial Application Renewal Application Information Update

Applicant name: _____

Address:

Street

City

State

Zip

Phone: () - **Fax:** () - **email:** _____

registered owner partner officer director controlling share holder
(Provide the above information for all additional applicants on Attachment A and attach to this application)

Business Name: _____

Service level requested: BLS CCT (CCT-P requires a separate process)

Have you ever provided ambulance service in Alameda County? Yes No

If yes, what type of service: BLS CCT ALS

Company name: _____

For how long: _____

Do you provide ambulance service outside Alameda County? Yes No

If yes, what type of service: BLS CCT ALS

Company name: _____

List counties: _____

For how long: _____

Describe your education, training and experience in the care and transportation of patient:
(attach addition pages as needed)

The number, type, and frequency of radios: _____

Please answer the following:

For more information see the Alameda County ambulance ordinance and/or EMS policy manuals located on the EMS agency website (acphd.org/ems)

1. Do you own or have under your control, in good mechanical condition, required equipment to consistently provide quality ambulance service in the area for which you are applying, and that you own or have access to suitable facilities for maintaining equipment in a clean and sanitary condition? Yes No
2. Will you comply with the County's staffing, and equipment and supply specifications policies regarding equipment carried in each ambulance, including AEDs? Yes No
3. Do you or will you have sufficient personnel adequately trained and available to deliver ambulance service of good quality at all times, including copies of certifications/licenses? Yes No

By signing below, the applicant agrees to abide by the regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles, and understands and will comply with Alameda County's policies, ambulance ordinance, fees, and ambulance inspection process.

Signature

Date

Required attachments:

Please assemble the application components below into a binder with the attachments under lettered tabs. Items with an asterisk "*" may be submitted on a CD. Please adhere to this lettering scheme and if submitting material electronically, so indicate on a page under that tab.

	Attached?	Initial	Renewal
A. Certificate of Operation application.	<input type="checkbox"/> Yes		
B. Additional applicants form (if there are no additional applicants, write "None" on the form).	<input type="checkbox"/> Yes		
C. A copy of a current CHP Emergency Ambulance Service License (CHP 360A).	<input type="checkbox"/> Yes		
D. An assets and liabilities statement or a letter prepared by a certified public accountant showing proof of financial solvency.	<input type="checkbox"/> Yes	*	*
E. A copy of the business license for the city in which the applicant is doing business.	<input type="checkbox"/> Yes		
F. A statement of the legal history of all applicants, including criminal and civil convictions.	<input type="checkbox"/> Yes		
G. Vehicle information for all ambulances, including proof of current Department of Motor Vehicle registration, and proof of a California Highway Patrol Ambulance Inspection Report and Special Vehicle Identification Certificate/Permit (CHP-301). Please make sure all papers carry the appropriate unit numbers. A report of all ambulance permitted in the previous two years that will not be permitted with this application	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
H. A description and photo/image of the company's logo and color scheme to be used.	<input type="checkbox"/> Yes		Submit only if changing
I. A description of the company's training and orientation programs for EMTs, and/or paramedics, and/or CCT-RNs, and dispatchers.	<input type="checkbox"/> Yes	*	*
J. A description of the company's program for maintenance of the vehicles.	<input type="checkbox"/> Yes		
K. The company locations from which ambulances will be deployed, noting the hours of operation and phone numbers, and the number of ambulances deployed on each shift; and a 24-hour availability number for supervisory or management contact.	<input type="checkbox"/> Yes		
L. A description of service charges and rates as specified in section 6.114.310 of the ordinance. All service charges and rates must be defined in sufficient detail so as to be understandable to the public.	<input type="checkbox"/> Yes		
M. Evidence of insurance coverage compliance under section 6.114.130 of the ordinance.	<input type="checkbox"/> Yes	*	*
N. A Certificate of Consent to Self-Insure issued by the California State Director of Industrial Relations, or a Certificate of Workman's Compensation Insurance.	<input type="checkbox"/> Yes		
O. A description of your Dispatcher Training program as identified in 6.114.280	<input type="checkbox"/> Yes	*	*
P. A Quality Management program and description of quality assurance activities as specified in section 6.114.410.	<input type="checkbox"/> Yes	*	*
Q. A Disaster Response Plan that includes a personnel call-back plan for disasters and mass casualty incidents as specified in section 6.114.460.	<input type="checkbox"/> Yes	*	*
R. If applying for a Critical Care Transport (CCT) Certificate of Operation, copies of all paperwork for interfacility transport as	<input type="checkbox"/> Yes	*	*

identified in the Alameda County CCT and Administrative polices.			
<p>S. The application fees (payable to Alameda County EMS). <u>Renewal applications received less than 30 days before the expiration of the Certificate of Operation shall incur a 20% penalty of all fees due.</u></p> <p>a. Certificate of operation fee (\$3000.00 biennial).</p> <p>b. In a separate payment, the ambulance inspection fee (for each ambulance permit requested (\$250.00 fee per ambulance, biennial). This fee will be returned if the applicant does not meet the basic requirements of 6.114.080 (C).</p> <p>c. Biennial is defined as every other year.</p> <p>d. The 20% late fee if it applies.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>		
<p>Deliver or mail the completed package, <u>in a tabbed binder</u>, to:</p> <p>Alameda County EMS Attn: John Vonhof 1000 San Leandro Blvd, 2nd floor San Leandro, CA 94577</p>			

Attachment A
Additional Applicant Information

No additional applicants

Applicant name:

Address:

Street

City

State

zip

Phone: () - Fax: () - email:

registered owner partner officer director controlling share holder
(provide the above information for all applicants and attach to this application as "Attachment A")

Applicant name:

Address:

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Add additional pages as needed

