



Environmental Health and Emergency Preparedness Division
 101 West 9th Street, Pueblo, CO 81003
 Phone 719.583.4307 Fax 719.583.9902
 pueblohealth.org

PUEBLO COUNTY AMBULANCE SERVICE LICENSE APPLICATION

(See back for required documents and fees)

Name of Ambulance Service		
Trade Name		
Address of Service		Phone
Name of Applicant/Owner		
Address		Phone
Operations Manager		
Address		Phone
Name of Physician Advisor		
Address		Phone
# Operating Ambulances		
Designated Service Area		

I, _____, do solemnly, sincerely, and truly declare and affirm that I am the owner or person responsible for the operation of this Ambulance Service, that I received a copy of the Colorado Revised Statutes Section 25-3.5 (Emergency Medical Services), as amended, and a copy of the Pueblo County Emergency Medical Services Resolution, that I have read and understand their contents, and that I will comply with the same together with any and all further amendments thereto.

SUBSCRIBED, sworn to and acknowledged before me the _____ day of _____, 20__, by

_____.

Witness my hand and official seal

My commission expires _____

 (Notary Public)

REQUIRED DOCUMENTS AND FEES

1. Insurance:

Attach proof of insurance (Acord Form 25-S), include dates of expiration and renewal:

- Workmen's Compensation
- Employer's Liability
- Commercial General Liability
 - \$1,000,000 per occurrence
 - \$1,000.00 general aggregate
- Auto Liability
 - \$,1000,000 combined single limit per accident
- Professional Liability
 - \$,1000,000 per occurrence
 - \$1,000,000 general aggregate
- Medical Malpractice
 - \$1000,000 per occurrence
 - \$1,000,000 general aggregate

2. Attendants and/or Drivers:

Attach photocopies of each driver and/or attendant's current Colorado Emergency Medical Technician Certification (B, B+, I, or Paramedic), CPR card, valid Colorado Drivers License, American Red Cross Advanced First Aid card, or First Responder Card where applicable. **All certification credentials shall be carried on his/her person while on duty.** Notification of any changes must be made to the Pueblo Department of Public Health and Environment within one (1) week of their occurrence.

3. Ambulance Vehicle Permit :

Attach one (1) vehicle information sheet per vehicle operated.

- | | |
|-------------------------------------|----------|
| 4. Ambulance Service License Fee | \$100.00 |
| Ambulance Vehicle Fee (per vehicle) | 85.00 |

Payment can be made with credit card by calling Environmental Health at 583.4307 or by check.

Mail to: Pueblo Department of Public Health and Environment
Environmental Health and Emergency Preparedness Division
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