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PUEBLO COUNTY AMBULANCE SERVICE LICENSE APPLICATION

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:
Number of BLS Ambulances:	Number of ALS Ambulances:
Designated Service Area:	

REQUIRED ATTACHMENTS:

1. Insurance:

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

- Worker’s Compensation
- Employer’s Liability
- Commercial General Liability
 - \$1,000,000 per occurrence
 - \$1,000,000 general aggregate
- Automobile Liability
 - \$1,000,000 combined single limit per accident
- Professional Liability
 - \$1,000,000 combined single limit per accident
 - \$1,000,000 general aggregate
- Medical Malpractice
 - \$1,000,000 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 City-County Health Department within one (1) week of their occurrence.

3. Ambulance Vehicle Permit:

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

I, _____ (print), 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 _____.

(Applicant Signature)

Witness my hand and official seal

My commission expires _____

(Notary Public)

This application is to be accompanied by an Ambulance Service License Fee of **One Hundred Dollars (\$100.00)** and an Ambulance Vehicle Permit Fee of **Eighty-Five Dollars (\$85.00)** per vehicle. Please make checks payable to Pueblo City-County Health Department or PCCHD.

FOR OFFICE USE ONLY		
Date	Receipt #	License #