

PUEBLO COUNTY AMBULANCE SERVICE LICENSE APPLICATION

BUSINESS INFORMATION	
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
# of 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)

HEALTH DEPARTMENT USE	
<input type="checkbox"/> License Fee \$100	Receipt #:
<input type="checkbox"/> Vehicle Permit Fee: \$85/vehicle x () =	Staff Initials:

THIS DOCUMENT MUST BE NOTARIZED

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
 - \$1,000,000 general aggregate
- Auto Liability
 - \$1,000,000 combined single limit per accident
- Professional Liability
 - \$1,000,000 per occurrence
 - \$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 (EMT, EMT-I, EMT-IV, AEMT, 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 available upon request.** 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 vehicle information on the Vehicle Permit Form for each vehicle operated.

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| 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
Office of Environmental Health
101 West 9th Street
Pueblo, CO 81003