

MULTI-COUNTY APPLICATION – AMBULANCE SERVICE LICENSE

PLEASE PRINT. APPLICATION MUST BE NOTARIZED.

New Application Renewal Application Date _____

Indicate the **counties** in which you wish to license and the **number of units** to be inspected.

Adams **Arapahoe** **Denver** **Douglas** **Jefferson** **Number of units** _____

Please attach a check to each application. Telephone numbers and fees for each county are listed below.

Adams County	Arapahoe County	Denver County	Douglas County	Jefferson County
720.322.1401	720.874.4186	720.865.5394	303.660.7589	303.271.5716
Application - \$50	Application - \$50	New application-\$150	Application - \$100	Application - \$100 – includes inspection of two (2) units
Per unit cost - \$10	Per unit cost - \$10	Renewal - \$105	Per unit cost - \$10	Per unit cost - \$35
		Per unit cost - \$50		
		Non-emerg. cost-\$30		

Company name (Owner/parent Company) _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Doing Business As (AKA) _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ Fax number _____ E-Mail _____

**Physician Advisor/
Medical Director** _____ Medical License Number _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ Fax number _____ E-Mail _____

Facility Affiliation _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ Fax number _____ E-Mail _____

Manager or individual responsible for operation of service: Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Dispatch Center _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Insurance Company _____

Address _____ City _____ State _____ Zip Code _____

Insurance Agent _____

Address _____ City _____ State _____ Zip Code _____

Telephone number _____ Fax number _____ E-Mail _____

Attachments required to complete the application:

- Name and address of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
 - Property Damage (Each accident \$1,000,000)
 - Professional Liability (Each person \$1,000,000, Each accident \$2,000,000)
 - Workman’s Compensation
- Drug list approved by the physician advisor/sponsor for use in the field (signed and dated by physician advisor)
- Map of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT’s and respective expiration dates)
- List of current ambulances (include the year, make, type, patient capacity for each vehicle)

I hereby certify that the information provided in this application is true to the best of my knowledge and belief and contains no willful misrepresentations or falsification.

Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.

Applicant’s Signature _____ Date Signed _____

Please **print** the applicant’s name _____ Telephone # _____

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE _____ DAY OF _____ 2005, IN THE COUNTY OF _____ STATE OF COLORADO.

Signature of Notary _____

My Commission Expires _____

(For Office Use Only)

Date received _____ Documents checked _____ Fee paid _____ Receipt # _____

Remarks _____

Approved? Yes _____ No _____ Date _____

Signature of reviewer, representative or licensing agent: _____