



# City of Frisco, Texas



## Application for Private Ambulance Service Registration

Application Date: \_\_\_\_\_  New  Renewal

### Applicant Information:

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ambulance Service Full Name & dba: \_\_\_\_\_

Texas Department of State Health Services Provider License #: \_\_\_\_\_

### Business Location from which the private ambulance service will be locally operated:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Form of Business of the Applicant:

Sole Proprietorship  Corporation  Partnership  Association

Level of Care to be provided:  BLS  ALS  MICU

Are all ambulance equipped with the items required by the Rules and Regulations of the Texas Department of State Health Services, pursuant to Title 25, Chapter 157 of the Texas Administrative Code?  YES  NO

Medical Director Name: \_\_\_\_\_ Texas License #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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#### Additional Information Required to be submitted with the Application:

- 1. Provide a copy of the documents establishing the business and the name and address of each person with a direct interest in the business.
- 2. Provide on an additional sheet a statement of the nature and character of the service that the applicant proposes to provide, the facts showing the demand for the service, the experience that the applicant has had in providing such service, the fees charges for the service, and the time period, if any, that the applicant has provided such service within the City.
- 3. Provide on an additional sheet the number and description of vehicles to be operated in the proposed service, including the year, make, model, vehicle identification number, and state registration plate number and the class, size, design, and color scheme of each ambulance. Provide a color photograph of the ambulance(s) to be used.
- 4. Provide documentary evidence from an insurance company indicating the applicant has obtained liability insurance as required by the ordinance.
- 5. Provide documentary evidence of payment of ad valorem taxes owed on the real and personal property to be used in connection with the operation of the proposed service if the business establishment is located in the City.
- 6. Provide a list, to be current at all times, of the owners and management personnel of the private ambulance service including names, addresses, dates of birth, state driver's registration numbers.
- 7. Provide a list of any claims or judgments against the applicant, other owners or management personnel, or employees for damages resulting from the negligent operation of an ambulance or any other vehicle. If none, reply "No claims/judgments"
- 8. Provide a detailed list of any Texas Department of State health Services violations within the last five (5) years. If none, reply "No violations"
- 9. Provide proof of a registration from the Texas Department of State Health Services to operate as an emergency medical services provider.
- 10. Non-refundable application fee of \$250—Make check payable to the City of Frisco.

**City of Frisco, Texas**

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Certification Statement:

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**The State of Texas**

County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

(PERSONALIZED SEAL)

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
(Print name of Notary Public here)

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**For office use only - Do not write below this box**

Date Received at Frisco Fire Department (STAMP): \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  YES  NO Entered into Private Ambulance Database/Website:  YES  NO

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_