

APPLICATION FOR EMS AIRCRAFT (AIR AMBULANCE) AUTHORIZATION Initial Renewal

1.

Company Name _____

Company's Agent for County Permit Process _____	Agent's Telephone Number _____	FAX Number _____	E-mail Address _____
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Agent's Address (Street, City or Town, State, Zip Code) _____

2. Form of Ownership:

Sole Proprietorship

Name of Owner _____

Owner's Address (Street, City or Town, State, Zip Code) _____

Owner's Telephone Number _____	FAX Number _____	E-mail Address _____
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Partnership

Name	Address	Share of Ownership
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Name	Address	Share of Ownership
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Corporation: Publicly Traded or Privately Held Complete the following for each Corporation Officer.

Name	Title	Address	Share of Ownership
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Name	Title	Address	Share of Ownership
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Business Name(s)– if different than Company name. _____

Business Address(es) – if different than Agent's address. _____

1. Attach current copy of CAMTS accreditation.
2. Attach separate description of each air ambulance including (1) Make, model, year of manufacture, aircraft serial number, FAA registration number and length of time aircraft has been in use; (2) color scheme, insignia, name, monogram and other distinguishing characteristics of the aircraft; (3) description of the company's aircraft maintenance program; and (4) description of the aircraft's radio/communications capability.
3. Attach statement that all aircraft to be used as air ambulances meet configuration and restraint standards for "air ambulances" according to §100306, California Code of Regulations.
4. Attach all appropriate licenses and/or permits required by State and Federal law and regulations.
5. Describe staffing configuration, deployment plan, dispatch center arrangements.
6. Attach names, qualifications and evidence of certification for each medical flight crewmember and pilot employed, or to be employed to provide ambulance services. (Additional authorization is required if paramedics are to be used as part of the medical flight crew.)
7. Attach a description of company's training, orientation, and quality assurance programs for medical flight crew and pilots.
8. Attach your most recent: (1) financial statement (revenue, expenditures, balance sheet) stating total assets/liabilities; (2) evidence of insurance with a minimum limit of \$1,000,000 Comprehensive Liability including vehicular and professional liability which may be provided through primary and/or umbrella policies; and (3) Evidence of Workman's Compensation Insurance.
9. Attach your statement asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the permit(s) as requested.
10. Attach copies of service charges and rate structure of the company.
11. Submit a check or money order made to "Contra Costa Health Services" For EMS Air Provider Authorization Fee of \$ _____

Signature/Title of Applicant: _____ Date: _____

The current fee schedule is on the EMS website at www.cccems.org and available at the EMS Agency office.

DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> All requirements are met. <input type="checkbox"/> Authorization approved. <input type="checkbox"/> Authorization disapproved. <input type="checkbox"/> Temporary Authorization approved	<input type="checkbox"/> The following requirements are not met: No.(s) _____ Expiration Date: _____ (see attached statement) Expiration Date: _____
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Signature/Title Of Authorization Officer: _____ **Date:** _____