

APPLICATION

CONTRACT / PERMIT

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
PLEASE FOLLOW THE REQUIRED FORMAT

A. Complete all applicable sections of the attached Application form. Please also provide the following information, using additional pages as necessary:

1. The names and addresses of the applicant(s), registered owner(s), partner(s), officers, directors, and all shareholder(s) who hold or control 10% or more of the stock of the applicant, all cumulatively referred to hereinafter as "Applicant."
2. The name under which the Applicant is, or proposes to, engage in business.
3. If applicant is a corporation, the name shall be stated as set forth in the State of California's Articles of Incorporation for the corporation. List the names and addresses of all corporate officers/directors and the name and address of the corporation's initial agent for service of process on the Application Form. Attach copies of the original Articles of Incorporation, the initial Statement of Information and any Amendments thereto, which have been certified by the Secretary of State.
4. If the applicant is a partnership, the names and addresses of each general partner shall be stated. If one or more of the partners is a corporation, the provisions of this chapter as a corporate applicant apply.
5. If the applicant is a Limited Liability Company (LLC), the name shall be stated as set forth in the State of California's Articles of Organization. List the names and addresses of all LLC members and the name and address of the LLC's initial agent for service of process on the Application Form. Attach copies of the Articles of Organization, the initial Statement of Information, and any Amendments thereto, which have been certified by the Secretary of the State.

B. The following items are also required to accompany each Application:

1. A written statement identifying the type and level of service proposed;
2. A written statement specifying whether the Applicant has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long;
3. If applicant is required to be licensed and permitted by the California Highway Patrol, they shall hold a valid license and permit prior to submitting the application. Please provide:
 - a. A copy of a current CHP Emergency Ambulance Non-Transferable License unless exempt;
 - b. A copy of a current CHP Authorized Emergency Vehicle Permit for each ambulance if required by the CHP;
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the applicant is doing business;
5. A written statement of the legal history of the Applicant inclusive of all criminal and civil convictions, suspensions, and or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check from the Applicant;
6. A written statement that the Applicant will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles;
7. A written statement specifying the education, training, and experience of the Applicant in the care and transportation of patients;
8. A written statement that the Applicant understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs);
9. A detailed description of the Applicant's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, CCT authorized personnel, dispatchers, Drivers, and maintenance staff;
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use;

11. A detailed statement demonstrating that the Applicant owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Applicant is applying, and that Applicant owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed;
12. A detailed description of the number of Ambulances, EMS Aircraft, and/or Medical Transportation Service vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration, where applicable proof of California Highway Patrol Ambulance Inspection Report and Ambulance Identification Certificate, and in the case of EMS Aircraft the aircraft registration number;
13. Evidence of Insurance meeting the requirements of the County;
14. A written statement that the Applicant understands and will comply with the County's EMS vehicle inspection process including any required fees;
15. A detailed description of the Applicant's program for maintenance for vehicles and/or aircraft, and equipment;
16. A quality assurance plan that meets EMS policies for the specific level of service;
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P's, registered nurses, physicians, and surgeons, with each person's license and certification information, license number and expiration date, and issuing jurisdiction, as well as Ambulance Driver's Certificate and Department of Motor Vehicle license classification, number and expiration date, pilot license, classifications and expiration;
18. A written statement that the Applicant shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq, County's Ordinance, and its Emergency Medical Services Agency Policy and Procedure Manual.
19. A staffing or deployment plan that describes the Applicant's method of operation within the County;
20. For Air Ambulance and Rescue Aircraft applications, Applicant shall also include proof of registration with the FAA and licensure and certification within the local jurisdiction of origin including Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation. Air Ambulance Applicants based outside the State of California shall have the burden to demonstrate approximate equivalence with State of California and County rules, regulations, and policies requirements;
21. The application fee as set by the County payable either by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency.
22. A written statement that the applicant will participate in the County's disaster response plan;
23. Any other information that the County deems necessary for determination of compliance with this Ordinance.

C. Submit application fee, completed original application packet, and five (5) copies of the entire application (including all attachments): Pursuant to Chapter 8.74.070 "Rates" of County of El Dorado Ordinance No. 4568 and Resolution No. 4991, please include a non-refundable application fee of \$_____, made out to "County of El Dorado Treasurer and Tax Collector". Incomplete applications or applications submitted without the required application fee will not be processed. Submit application fee, completed original application packet, and five (5) copies of the entire application (including all attachments) to:

Permit / Contract Officer
 Emergency Medical Services Agency
 2900 Fair Lane Court
 Placerville, CA 95667
 Telephone: (530) 621-6500