



# CERTIFICATE OF OPERATION INITIAL APPLICATION

## INITIAL APPLICATION CHECKLIST

Applicant Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>MATERIALS TO BE SUBMITTED</b>	
Completed Certificate of Operation Renewal Application, to include the following:	
Check List (this form) - Submit one copy to Napa County EMS Agency	<input type="checkbox"/>
Provider Agency Business Information	<input type="checkbox"/>
Ambulance Permit Vehicle Inventory List	<input type="checkbox"/>
Ambulance Permit Personnel Roster	<input type="checkbox"/>
Ambulance Permit Indemnification Statement Policy	<input type="checkbox"/>
<b>SEPARATE ATTACHMENTS</b>	
CHP / DMV Emergency Ambulance Non-Transferable License	<input type="checkbox"/>
CHP / DMV Special Vehicle Identification Certificate/Permit	<input type="checkbox"/>
Proof of current Department of Motor Vehicle (DMV) registration	<input type="checkbox"/>
Attach a copy of the Business License	<input type="checkbox"/>
Current Insurance Face Sheets for General Liability for Vehicle Operation	<input type="checkbox"/>
Current Insurance Face Sheets for Comprehensive Medical Liability	<input type="checkbox"/>
Current Insurance Face Sheets for Workman's Compensation	<input type="checkbox"/>
Ambulance Permit Required Statements (attach to application)	<input type="checkbox"/>
Current Rate Sheet	<input type="checkbox"/>
EMS Quality Improvement Plan	<input type="checkbox"/>



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Pay Applicable Fees	<input type="checkbox"/>
A list showing where, how long and under what name the applicant(s) have provided ambulance service within Napa County prior to establishment of Napa's Ambulance Ordinance No. 1421, Division VI EMS Chapter 8.70.	<input type="checkbox"/>
A list showing where, what type, and how long the applicant(s) have provided service.	<input type="checkbox"/>
A list showing education, training, and experience of the applicant.	<input type="checkbox"/>
Applicant will have sufficient personnel adequately trained, and available to deliver ambulance service of good quality at all times. Attach a list showing their names and copies of their certifications/licenses.	<input type="checkbox"/>
A copy of the training and orientation programs for EMTs, paramedics, critical care transport nurses and/or dispatchers.	<input type="checkbox"/>
A description of the company's program for maintenance of vehicles	<input type="checkbox"/>
A description and photo/image of the company's logo and color scheme to be used to designate the ambulances of the applicant	<input type="checkbox"/>
A description of the locations (post, bases, and offices) from which ambulances will be dispatched to provide services offered in Napa County, noting the hours of operation and phone numbers	<input type="checkbox"/>
<b>ATTACHED STATEMENTS AFFIRMING COMPLIANCE FOR THE FOLLOWING</b>	
A statement of facts showing the experience of the applicant in the operation of BLS, ALS, and/or ambulance programs and service in any jurisdiction. Statement must clearly demonstrate that the applicant is qualified to render efficient 24-hour 7 day a week ambulance service.	<input type="checkbox"/>
If applicant is a corporation, a joint venture, a partnership or limited partnership, provide a list of all names, permanent addresses and titles of all partners, officers, directors or corporate officers and their percentage of participation the business.	<input type="checkbox"/>
A statement of the Legal History of the Applicant, corporate officers, partners, including all criminal and civil convictions.	<input type="checkbox"/>



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<p>Provide a narrative description of the proposed primary ambulance support operations, including but not limited to:</p> <ul style="list-style-type: none"> <li>• <u>Geographic area to be served.</u></li> <li>• <u>Level of service proposed (ALS, BLS, CCT, Other).</u></li> <li>• <u>Staffing pattern.</u></li> </ul>	<input type="checkbox"/>
<p>A statement that the applicant owns or has under its control, in good mechanical condition, all required equipment to adequately conduct a basic or advanced life support program and service which, meet the requirements established by the California Vehicle Code, Napa County EMS Agency Policies and Procedures and applicable Emergency and Ambulance Ordinances.</p>	<input type="checkbox"/>
<p>A statement that the applicant owns or has access to suitable and safe facilities for maintaining emergency vehicles in a clean and sanitary condition, and a complete description of the facilities.</p>	<input type="checkbox"/>
<p>An affirmation that each permitted vehicle and its appurtenances conform to all applicable provisions of the California Vehicle Code, the California Codes and regulations, the Napa County EMS Agency Policies and Procedures, and any other applicable Federal, State and/or County directives.</p>	<input type="checkbox"/>
<p>A statement that applicant does not foresee any reduction from level of service, vehicles, staff or capabilities in any area covered by this application.</p>	<input type="checkbox"/>
<p>A Statement that all employees and staff will be adequately oriented to the emergency ambulance and/or advanced life support program in Napa County, and will be encouraged to cooperate with the program.</p>	<input type="checkbox"/>
<p>A statement that only licensed certified and properly accredited personnel will be allowed to perform advanced procedures.</p>	<input type="checkbox"/>
<p>A statement that applicant will cooperate with the Napa County Emergency Medical Services Agency in the collection and analysis of patient care, operational and other data necessary to an on-going evaluation of ambulance and advanced life support operations. Necessary records and other information will be provided to the EMS Medical Director (or designee) to allow assessment of ambulance and ALS services. Appropriate confidentiality will be maintained.</p>	<input type="checkbox"/>
<p>A statement that applicant agrees that in the operation of any emergency Non-emergency, or advanced life support unit, it will follow all Napa County Emergency Medical Services Agency protocols, policies and procedures.</p>	<input type="checkbox"/>



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<p>A statement that applicant recognizes the right of the EMS Medical Director and/or the State EMS Authority to suspend or revoke the license of personnel and agrees that persons so suspended or de-licensed will not be allowed to operate or function on an ambulance or advanced life support unit.</p>	<input type="checkbox"/>
<p>A statement that applicant agrees to complete such reporting mechanisms as required by the County, State or Federal regulations.</p>	<input type="checkbox"/>
<p>A statement that applicant agrees that it will not charge for drugs, medications, solutions or supplies used in any medical emergency when such materials are replaced by a hospital.</p>	<input type="checkbox"/>
<p>A statement that the applicant employs sufficient certified/licensed personnel, adequately trained and accredited in Napa County to deliver emergency medical services of good quality at all times in the applicant's proposed primary service area.</p>	<input type="checkbox"/>
<p>A statement that the applicant shall participate in Napa County EMS Agency's Quality Improvement program as outlined in the policies and procedures section of the County EMS Agency Policies.</p>	<input type="checkbox"/>



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## PROVIDER AGENCY BUSINESS INFORMATION

Ambulance Service Level(s) – ALS  BLS  CCT  Other

Company Name \_\_\_\_\_

Company Agent for the County Ambulance Operation Application Process \_\_\_\_\_

Company Address (Street, City or Town, State, Zip Code) \_\_\_\_\_

Agent's Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Trade, Firm or DBA Name - (If different from Company Name) \_\_\_\_\_

Trade, Firm or DBA Address – (If different from Agent's address) \_\_\_\_\_

Proprietary  Non-Profit  Individual  Public Safety  Partnership  Corporation

Other , please specify: \_\_\_\_\_

Main Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Station Addresses: (Indicate number and level of vehicles at each station)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information in connection with this application for an ambulance permit is correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* This application must be signed by a person with authority to bind the organization\*\*\***

CERTIFICATE OF OPERATION – INITIAL APPLICATION

**Please initial after the following statement to show agreement and compliance:**      **Initial:**

- 1) Applicant does not have any pending criminal actions, civil actions, and/or EMS fact finding or certification/licensure: \_\_\_\_\_
- 2) I the applicant will abide by the regulations of the California Vehicle Code and the Code of Regulations, Title 13, Motor Vehicles: \_\_\_\_\_
- 3) Applicant owns or has under his/her control ambulances in good mechanical condition, with the required equipment to consistently provide quality ambulance service in the area for which it is applying: \_\_\_\_\_
- 4) Applicant owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition: \_\_\_\_\_
- 5) Applicant understands and will comply with LEMSA's staffing, equipment, and supply specification(s) policies regarding equipment carried on each ambulance. \_\_\_\_\_
- 6) Applicant understands and agrees to comply with the ambulance permitting and inspection process: \_\_\_\_\_
- 7) Applicant's ambulances are equipped with radios capable of communicating with designated dispatch centers and the radio's are in good working order: \_\_\_\_\_
- 8) Applicant agrees to pay an application fee for Certificate of Operation as set forth in Napa's Ambulance Ordinance No. 1421, Division VI EMS Chapter 8.70. \_\_\_\_\_
- 9) The applicant agrees to make payment for the Ambulance Inspection for each ambulance to be inspected: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

Date: \_\_\_\_\_



## AMBULANCE PERMIT VEHICLE INVENTORY LIST

Business Applicant Name: \_\_\_\_\_

VEHICLE ID	YEAR	LICENSE PLATE #	VIN #	MANUFACTURER OF CHASSIS	BLS/ALS/CCT/OTHER	MILEAGE TO DATE

I certify that the above information is correct as of the date submitted.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For each vehicle, attach a copy of the most recent ambulance inspection report and vehicle certificate issued by the California Highway Patrol (CHP).



# AMBULANCE PERMIT PERSONNEL ROSTER

Business Applicant Name: \_\_\_\_\_

NAME	MAILING ADDRESS	LEVEL OF CERTIFICATION	CERTIFICATION / LICENSE #	EXPIRATION CERTIFICATION / LICENSE

(Attach more copies as necessary to include all personnel)

I certify that the above information is correct as of the time submitted for each employee.

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



## AMBULANCE PERMIT STATEMENT OF INDEMNIFICATION

As a condition of the Napa County EMS Agency issuing a permit for the Certification to Operate an Ambulance in Napa County,

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**(BUSINESS APPLICANT NAME)**

agrees to appear and defend all actions against the County arising out of the exercise of said permit and shall indemnify and save the County, its officers, employees, and agency harmless and from all claims, demands, actions, or causes of actions of every kind and description resulting directly or indirectly, arising out of, or in any way connected with the exercise of the permit.

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_