



**CERTIFICATE OF OPERATION
RENEWAL APPLICATION**

RENEWAL APPLICATION CHECKLIST

Applicant Business Name: _____ Date: _____

MATERIALS TO BE SUBMITTED	COMPLETED
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"/>
SEPARATE ATTACHMENTS	
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"/>
Current Rate Sheet	<input type="checkbox"/>
EMS Quality Improvement Plan	<input type="checkbox"/>
Pay Applicable Fees	<input type="checkbox"/>



CERTIFICATE OF OPERATION RENEWAL APPLICATION

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*****



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,

(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: _____