



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
HERITAGE PLACE, METRO CENTER
227 FRENCH LANDING, SUITE 303
NASHVILLE, TN 37243
TELEPHONE: (615) 741-2584
FAX: (615) 741-4217

APPLICATION FOR INITIAL AMBULANCE SERVICE LICENSE

Name of Service: _____

Name of Owner(s): _____

Mailing Address: _____

Street

City

State

Zip

Physical Address of Principal Place of Business if different from above:

Street

City

State

Zip

Office Telephone: (_____) _____ Fax: (_____) _____

Emergency Telephone: (_____) _____

Name of Director (if different from Owner): _____

FOR MULTIPLE STATIONS PLEASE COMPLETE ENCLOSED FORM TITLED: **New Service-Additional Station Locations**

Is this Service a primary provider of Emergency Medical Services as defined in Rule 1200-12-1-.14?

Yes No

Describe the principal nature of Ambulance or Invalid transfer operations: _____

OWNERSHIP TYPE: For-Profit Non-Profit

Single Proprietor
 Local Government
 Limited Partnership

State Government
 Association
 Corporation

Other (Specify)

MANAGEMENT ORGANIZATION

<input type="checkbox"/> Government	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Civil Defense	<input type="checkbox"/> Fire Department	_____
<input type="checkbox"/> Industry	<input type="checkbox"/> Proprietor	

INSURANCE

Please provide the following information concerning Insurance Agent and/or Company providing Vehicle and Professional Insurance:

Vehicle Liability Insurance:

Agent and/or Company Name: _____

Mailing Address: _____
Street City State Zip

Telephone: () Fax: ()

Professional Liability Insurance:

Agent and/or Company Name: _____

Mailing Address: _____
Street City State Zip

Telephone: () Fax: ()

AN ORIGINAL CERTIFICATE OF INSURANCE MUST BE SUBMITTED DEMONSTRATING COMPLIANCE WITH RULE 1200-12-1-.08 INSURANCE COVERAGE. THIS MUST BE FORWARDED BY YOUR INSURANCE AGENT OR COMPANY TO THIS OFFICE MARKED ATTENTION: AMBULANCE SERVICE LICENSURE.

EMS PERSONNEL

The ambulance service license application must include a list of emergency medical personnel and vehicle operators initially employed by the operation. Complete the required information on the enclosed form titled: **New Service-Initial Emergency Medical Personnel and Vehicle Operators Listing**.

A Class D Drivers License with (F) for-hire endorsement is required unless the operator holds a commercial Drivers License (Class A, B, or C). After filing the listing with the initial license application, the listing should be updated as personnel change. The EMS Consultant will review this information on the service audit/survey.

RADIO COMMUNICATIONS

Applicants must demonstrate compliance with Tennessee EMS Telecommunications Rules and Plan. Attach a copy of the current FCC Radio Station License identifying the call sign, station location, appropriate EMS radio frequencies and license expiration date **or** provide:

1. A copy of your application for the FCC License (Form 600) identifying appropriate EMS frequencies; **and**
2. A letter of Cooperative Communications with a licensed EMS Base Station in Tennessee **or** a letter of Mobile Unit Authorization and Assignment under an existing EMS radio fleet.

If the dispatch facilities are not located at the Ambulance Service address, please provide the following:

Street City State Zip

Non-Emergency Telephone: (_____) _____

MEDICAL DIRECTOR

A letter from a Tennessee licensed physician accepting off-line medical direction must be submitted with the application. Rule 1200-12-1-.14 (3) explains the functions of the Medical Director. In addition to the letter, please identify the service's Medical Director and provide the following information:

Name of Medical Director: _____

Mailing Address: _____

Street

City State Zip

Office Telephone: (_____) Fax: (_____)

Email Address: _____ Profession License Number: _____

VEHICLE PERMITS

All Ambulances or Invalid Vehicles operated by the service must have a permit. Apply for permits by providing a listing of all vehicles with the information requested on the enclosed form titled: **New Service-Vehicle Permit Information**.

MECHANICAL SAFETY INSPECTION

A Mechanical Safety Inspection form (PH-2405) for each vehicle requesting to be permitted must be submitted with the application.

FEES

Initial license fee for new Ground Ambulance **\$ 5,000.00** _____

Vehicle(s) to be permitted _____ x **\$250.00 each** \$ _____

TOTAL FEES TO BE SUBMITTED \$ _____

**ENCLOSE A CHECK OR MONEY ORDER FOR TOTAL FEES MADE PAYABLE TO:
TDH-EMS**

The applicant hereby certifies that they have read and prepared this application and understands the contents thereof; that the statements are true and correct, and that the applicant has obtained and reviewed copies of the Statutes and Rules regulating the provision of Emergency Medical and Ambulance Services in the State of Tennessee.

Applicant's Signature

Date

Print Name

Title or Position