



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 AIR AMBULANCE SERVICE LICENSE

Name of Service: _____

Name of Owner: _____

Mailing Address: _____

Street/P.O. Box

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 THE ENCLOSED FORM TITLED: New Air Service-Additional Station Locations.

Describe principal nature of ambulance operations: _____

FEES

Initial license fee for new Air Ambulance **\$10,000.00**
(Permit fees are not applicable to air ambulance applicants)

TOTAL FEES TO BE SUBMITTED \$ _____

ENCLOSE CHECK OR MONEY ORDER FOR TOTAL FEES 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