



Yolo County Emergency Medical Services Agency Service Provider

Revised Date: September 1, 2018

AIR AMBULANCE SERVICE PROVIDER PERMIT APPLICATION FORM

Initial Application Renewal Application

**This application does not grant authorization to operate as an Ambulance Service Provider in Yolo County.*

- Please complete and electronically submit this application and listed supporting documentation to YEMSA, at yemsa@yolocounty.org. Missing or incomplete items will cause a delay in the permitting process.
- Once an application has been received and evaluated by staff, you will be sent a **contract to execute, pay fees,** and to return to YEMSA.
- After the noted actions above are completed, you will then be sent an approval letter with permit stickers.

Company Name:

Business name(s) if different than Company name:

Mailing Address:

City: State: Zip:

Main Phone #: Fax #:

Website:

Name of person completing application:

Title: Email:

Office Phone #: Cell Phone #:

Person to Sign Contract:

Title: Email:

Office Phone #: Cell Phone #:

Is the Company in good standing with other Counties in which it is currently licensed or permitted in?

Yes No - If no, please explain in a separate letter.

Is your Company Accredited? CAAS CAMTS No/None Other: _____

I certify that the information provided in this application is true, accurate and complete. I certify that I am authorized to complete and submit this application for the Air Ambulance Provider listed above. I understand that all information provided is subject to an audit.

Printed Name

Signature

Date

Title

Phone

Email

See instructions above for submission.



AIR AMBULANCE SERVICE PROVIDER PERMIT CHECKLIST

Please include the items listed below with your application.
Missing or incomplete items may cause a delay or rejection of your application.

Materials to be submitted with application	Check One	For YEMSA Use Only
1. AIR Ambulance Service Provider Permit Application	<input type="checkbox"/> Enclosed	
2. Number of Fixed Wing and Rotor Wing in fleet for Yolo response	<input type="checkbox"/> Enclosed	
3. Portfolio of the company's experience and training in transportation and care of patients	<input type="checkbox"/> Enclosed	
4. List of names, qualifications, and evidence of certification for each Paramedic, or Flight Nurse/RN	<input type="checkbox"/> Enclosed	
5. A description of the company's training and orientation program for EMS personnel	<input type="checkbox"/> Enclosed	
6. ePCR system description (NEMSIS approved)	<input type="checkbox"/> Enclosed	
7. A letter stating the willingness to share data with Yolo County Emergency Services Agency (YEMSA) and participate in CQI as needed	<input type="checkbox"/> Enclosed	
8. Transportation <i>and</i> Mileage Rates	<input type="checkbox"/> Enclosed	
9. Current Insurance Face Sheet for: a. General Liability for Vehicle Operation* b. Comprehensive Medical Liability* c. Worker's Compensation** *Shall also name the County as co-insured **Valid Certificate to Self-Insure from State of California Director of Industrial Relations is acceptable	<input type="checkbox"/> a. Enclosed <input type="checkbox"/> b. Enclosed <input type="checkbox"/> c. Enclosed	

For questions please contact YEMSA at (530) 666-8503 or email yemsa@yolocounty.org.