



**BASIC LIFE SUPPORT (BLS) SERVICE PROVIDER
SPECIAL EVENTS & STANDBYS COVERAGE
APPLICATION FORM**

Please write clearly and answer all questions or your application may be rejected.

Special Event Name: _____ Location: _____

Sponsor: _____ Phone of Sponsor #: _____

Date of Event: _____

Provider Name: _____

Address: _____

Contact Person: _____ Phone #: _____

Email: _____

List of attending Emergency Medical Technician (EMT) personnel & copies of certification:

List all local Emergency Medical Services (EMS) Agencies under which you currently provide service:

Submit a list of EMS equipment available for special event:

I certify that all information on this application, to the best of my knowledge, is true and correct.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*This application and **all** required items may be mailed, emailed, or placed in the drop box at the address above.
The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!**
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: