



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 1, 2018

**BASIC LIFE SUPPORT (BLS) 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 contacted to set up **Ambulance Inspections** with an inspection invoice to follow 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 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.



BLS 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. BLS Ambulance Service Provider Permit Application	<input type="checkbox"/> Enclosed	
2. Description of company logo, color scheme used to designate the ambulance (photo/image)	<input type="checkbox"/> Enclosed	
3. A list of each ambulance including the following: make, model, year, VIN and license plate number	<input type="checkbox"/> Enclosed	
4. A description of the company's program for vehicle maintenance	<input type="checkbox"/> Enclosed	
5. A description of the company's vehicle radio/communication capabilities	<input type="checkbox"/> Enclosed	
6. Copies of California Highway Patrol (CHP) Inspection Reports for each vehicle	<input type="checkbox"/> Enclosed	
7. Portfolio of the company's experience and training in transportation and care of patients	<input type="checkbox"/> Enclosed	
8. List of names, qualifications, and evidence of certification for each EMT, Paramedic, or RN	<input type="checkbox"/> Enclosed	
9. A description of the company's training and orientation program for EMS personnel	<input type="checkbox"/> Enclosed	
10. ePCR system description (NEMSIS approved)	<input type="checkbox"/> Enclosed	
11. 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	
12. A current copy of the company's business licenses(s) and/or permits required by State Law and Regulations.	<input type="checkbox"/> Enclosed	
13. Recent financial statement (revenue, expenditures, balance sheet) stating total assets and liabilities	<input type="checkbox"/> Enclosed	
14. Non-Emergency BLS Transportation <i>and</i> Mileage Rates	<input type="checkbox"/> Enclosed	
15. Current Insurance Face Sheet for:		
a. General Liability for Vehicle Operation*	<input type="checkbox"/> a. Enclosed	
b. Comprehensive Medical Liability*	<input type="checkbox"/> b. Enclosed	
c. Worker's Compensation**	<input type="checkbox"/> c. Enclosed	
*Shall also name the County as co-insured		
**Valid Certificate to Self-Insure from State of California Director of Industrial Relations is acceptable		

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