



Check the Appropriate Box ()	
Initial Application	_____
Renewal Application	_____
Amendment	_____

Ambulance Service License Application

(Please read the attached instructions and then type or print neatly)

1. Level of Service: ___ Basic Life Support ___ Advanced Life Support

2. Name of Applicant: _____

3. Name Under Which Applicant Will Conduct Business as an Ambulance Service: _____

4. Administrative Headquarters ___ Check if
administrative only at location, i.e. no vehicles

5. Mailing Address (if different from physical
address)

(Physical Address)

(Street, Road, P.O. Box No.)

City State Zip Code+4

City State Zip Code+4

6. Business Telephone #: () _____

7. County # 9. Affiliate #

Facsimile #: () _____

8. Region # 10. FAA Certification #

(Air ambulance only)

11. Contact Person:

Last Name	First	MI	Title	Telephone #
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E-Mail Address: _____

12. Service Classification: ___ Independent ___ Fire ___ Commercial
 (Check all that apply) ___ Government ___ Police ___ Industrial
 ___ Hospital ___ Rescue ___ Other

13. Profit or Non Profit Status: ___ Profit ___ Non-Profit

20. Nonemergency and Interfacility Transports (Refer to instructions):

21. Ground Vehicles and Aircraft (Use additional sheets if necessary):

A. Types and Numbers of Ambulances Used (Check all that apply):

BLS w/o AED BLS with AED ALS Mobile Care ALS Squad Air Amb.
 # _____ # _____ # _____ # _____ # _____

B. Ground Vehicles:

	YEAR	MAKE/MODEL	PLATE #	VIN #	LOCATION
1.					
2.					
3.					
4.					
5.					
6.					

C. Aircraft:

	MAKE/MODEL	PATIENT CAPACITY	SERIAL #	FAA #	LOCATION
1.					
2.					
3.					
4.					
5.					

22. Medical Direction (Applies to ALS ambulance services and BLS ambulance services with AED or pulse oximetry):

Name of Service Medical Director* _____

Medical License Number* _____

Drug Enforcement Agency (DEA) Number _____

A. ACLS Certified ___ Yes ___ No

B. ATLS Certified ___ Yes ___ No

C. APLS Certified ___ Yes ___ No

OR

PALS Certified ___ Yes ___ No

*BLS ambulance services with AED or pulse oximetry capabilities need to complete these items only

23. Communication Capabilities (Refer to instructions):

Source of Emergency Medical Dispatch: ___ County PSAP ___ Local/Regional PSAP
 ___ Organization/Provider PSAP ___ Other

Please Check the Appropriate Box (☑)	VHF	UHF	800MHz	Cellular	Other
Primary Communication with Emergency Dispatch					
Primary Means of Communication with a Medical Command Facility					
Backup for Communicating with a Medical Command Facility					
Communication in a Disaster or Multiple Casualty Incident					

Does Your Service Utilize a Seven Digit Telephone Number or 911 to Receive Emergency Calls:
 ___ 911 Exclusively ___ Seven Digit Number Exclusively ___ Combination

24. Policy Statements and Other Documents (Refer to instructions):

29. Management Service Contracts ___ Yes ___No (Refer to instructions):

18 Pa. C.S. §4904 provides:

A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing an official function, the person:

- (1) makes any written false statement which the person does not believe to be true;**

- (2) submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or**

- (3) submits or invites reliance on any sample, specimen, map boundary mark, or other object which the person knows to be false.**

A person commits a misdemeanor of the third degree if the person makes a written false statement which the person does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

On behalf of the applicant, I acknowledge having read the above statement and certify:

- a. That all data and information in this application and any appendices are true and correct to the best of my knowledge and belief.

- b. That the application has been duly authorized by the applicant.

- c. That the applicant will operate in accordance with applicable statutes and regulations.

Printed Name (First, MI, Last)

Title

Signature

Date

APPENDICES

APPENDIX A

PERSONNEL AND PILOT ROSTERS

APPENDIX B
STAFFING PLAN

APPENDIX C
POLICIES AND OTHER DOCUMENTATION

Policies and Other Documentation

An applicant for an initial ambulance service license is required to prepare and maintain all of the listed policies. An applicant for renewal of an ambulance service license will need to have all of the documents listed. These policies and other documents must be presented to the inspector at the time of the licensure inspection.

A. Ground Ambulance Services:

1. Policy Statements:

- a. Infection control (See 28 Pa. Code §1005.10(l))
- b. Management of personnel safety (See 28 Pa. Code §1005.10(l))
- c. Substance abuse in the workplace (See 28 Pa. Code §1005.10(l))
- d. Placement and operation of ambulances (See 28 Pa. Code §1005.10(l))
- e. Patient management ((See 28 Pa. Code §1005.10(f) and (l))
- f. Use of lights and warning devices (See 28 Pa. Code §1005.10(g) and (l))
- g. Weapons and explosives (See 28 Pa. Code §1005.10(h) and (l))
- h. Completion of EMS patient care reports (See 28 Pa. Code §§1001.41 and 1005.10(l))
- i. Satisfying documentation requirements (See 28 Pa. Code §1005.10(a) and (l))
- j. Satisfying ambulance standards (See 28 Pa. Code §1005.10(b) and (l))
- k. Satisfying equipment and supply requirements (See 28 Pa. Code §1005.10 and (l))
- l. Satisfying personnel requirements (See 28 Pa. Code §1005.10(d) and (l))
- m. Communicating with PSAPs (See 28 Pa. Code §1005.10(e) and (l))
- n. Accident, injury and fatality reporting (See 28 Pa. Code §1005.10(i) and (l))
- o. Medical command notification (See 28 Pa. Code §1005.10(j) and (l))
- p. Monitoring statutory and regulatory compliance (See 28 Pa. Code §1005.10(k) and (l))
- q. Dissemination and protection of patient information (See 28 Pa. Code §§1001.42 and 1005.10(l))
- r. Participation in statewide and regional quality improvement programs (See 28 Pa. Code §§1001.65 and 1005.10(l))
- s. Drug use, control and security (See 28 Pa. Code §§1005.10(l) and 1005.11))

2. Other Documentation:

- a. Form for duty roster or staff availability schedule (See 28 Pa. Code §1005.10(d) (iii) (A) and (1))
- b. Duty roster or staff availability schedule, if applicable (See 28 Pa. Code §1005.10(d) (l)(iii) (A) and (l))
- c. Call volume records, if applicable (See 28 Pa. Code §1005.10(a)(3))
- d. Record of notification to PSAP of ambulance unavailability, if applicable (See 28 Pa. Code §1005.10(a)(4))
- e. Management service contracts, if applicable (See 28 Pa. Code §1005.10(a)(6))
- f. EMS patient care reports, if applicable (See 28 Pa. Code §§1001.41 and 1005.10(a)(2))

B. Air Ambulance Services

1. Policy Statements:

- a. Infection control (See 28 Pa. Code §1007.7(n))
- b. Management of personnel safety (See 28 Pa. Code §1007.7(n))
- c. Substance abuse in the workplace (See 28 Pa. Code §1007.7(n))
- d. Placement and operation of air ambulances ((See 28 Pa. Code §1007.7(n))
- e. Completion of EMS patient care reports (See 28 Pa. Code §§1001.41 and 1007(n))
- f. Access to air ambulance service (See 28 Pa. Code §1007.7(f) and (n))
- g. Satisfying air ambulance medical director's operational requirements (See 28 Pa. Code §1007.7(i) and (n))
- h. Dissemination and protection of patient information (See 28 Pa. Code §§1001.42, 1007.7(a)(2) and (n))
- i. Participation in Statewide and regional quality improvement programs (See 28 Pa. Code §§1001.65 and 1007.7(n))
- j. Satisfying documentation requirements (See 28 Pa. Code §1007.7(a) and (n))
- k. Satisfying air ambulance requirements (See 28 Pa. Code §1007.7(b) and (n))
- l. Satisfying equipment and supply requirements (See 28 Pa. Code §1007.7(c) and (n))
- m. Satisfying personnel requirements (See 28 Pa. Code §1007.7(d) and (n))
- n. Communicating with PSAPs (See 28 Pa. Code §1007.7(e) and (n))
- o. Satisfying flight requirements (See 28 Pa. Code §1007.7(g) and (n))
- p. Satisfying medical service requirements (See 28 Pa. Code §1007.7(h) and (n))
- q. Satisfying community education program requirements (See 28 Pa. Code §1007.7 (k) and (n))
- r. Medical command notification (See 28 Pa. Code §1007.7(l) and (n))
- s. Monitoring statutory and regulatory compliance (See 28 Pa. Code §1007.7(m) and (n))

2. Other Documentation:

- a. Form for duty roster (See 28 Pa. Code §1007.7(a)(1))
- b. Duty roster, if applicable (See 28 Pa. Code §1007.7(a)(1))
- c. Call volume records, if applicable (See 28 Pa. Code §1007.7 (a)(3))
- d. EMS patient care reports, if applicable (See 28 Pa. Code §§1001.41 and 1007.7(g)(3))