





# City of Dickinson

## Ambulance Services Permit Application



A completed application must be submitted with a \$100.00 Application Fee along with the related fees per ambulance and EMT made payable to the City of Dickinson.

### **Permit Application Fee**

A \$100.00 Permit Application fee is required with the agency application for permit

### **Vehicle Permit Fee**

A \$50.00 Permit Fee for each ambulance that will be performing service in the City of Dickinson. *(Flat rate of \$750.00 for services with 15 or more ambulances)*

### **Fee for each person who provides service (EMT's)**

A \$20.00 Permit Fee for each Emergency Medical Technician that will be performing service in the City of Dickinson. *(Flat rate of \$600.00 for more than 30 EMT's)*

### **Ambulance(s)**

Please provide a completed roster *(Fleet ID #, Year, Make, VIN #, and License Plate #)* for the total number of ambulances to be placed in service within the City of Dickinson, along with proof of license to operate in the State of Texas *(copy of TDSHS certificate)*.

### **Personnel**

Please provide a completed roster *(Name, Certification #, EMT Level, Expiration Date)* for the total number of EMT's employed, who will operate within the City of Dickinson, along with proof that each is currently certified in the State of Texas *(copies of TDSHS cards and TDL)*.

### **Insurance**

Please provide proof of Insurance *(Vehicle and Commercial general liability)*.

### **Inspection**

Application, records and documents are to be reviewed and all equipment proposed for use shall be inspected by the EMS Director, or his/her designee.

Inspection appointments will be determined upon receipt of full application documentation and related fees. *(Services with 15 or more ambulances will be subject to random field inspections at any time while operating within the City of Dickinson, in lieu of an initial inspection)*.



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## Transport Ambulance EMT Roster

Business Operating Name: \_\_\_\_\_

	Last	First	M	Level	Cert. #	Expires	TDL #	Expires
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Applicant: \_\_\_\_\_  
Print

Applicant: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_



# City of Dickinson Ambulance Services Permit Application



## Transport Ambulance Roster

Business Operating Name: \_\_\_\_\_

	Fleet ID	Year	Make	VIN	Plate	Approved	Denied
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Applicant: \_\_\_\_\_  
Print

Applicant: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_