



# City of Deer Park Emergency Medical Services



## Company or Organizational Ambulance License Application

Subject to approval by City of Deer Park EMS; each application is valid until the last day of December of the following year.

Any false or misleading information entered on this application is a violation of City of Deer Park code and could be cause for denial of permit.

*A non-refundable permit fee of two-hundred dollars (\$200.00) per application is due due at the time of each application.  
Check, Money Order or Credit Card will be accepted payable to the City of Deer Park.*

New

Renewal

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Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_ How Long \_\_\_\_\_

Owner or Agent of Company \_\_\_\_\_

Director of Operations \_\_\_\_\_

Business Phone # ( \_\_\_\_ ) \_\_\_\_\_ Dispatch ( \_\_\_\_ ) \_\_\_\_\_

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Type of Service: For Profit \_\_\_\_\_ Volunteer \_\_\_\_\_ Municipal \_\_\_\_\_

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Medical Director \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_\_

TX Medical License # \_\_\_\_\_ DEA # \_\_\_\_\_

Is physician registered in Harris County, Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

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**\*Incomplete applications will not be accepted\***

Before this application can be processed the following information must accompany this application. Failure to provide required information will be grounds for denial of ambulance permit.

1. A description of each ambulance owned and/or operated by the applicant, including make, model, year, state license number and color scheme. Photo of front and side views of the unit is acceptable.
2. Provide current copy of medical protocols. Submit copy on disc or CD.
3. Proof of insurance as required by city ordinance.
4. Proof that ambulances have been scheduled for inspection by City of Deer Park.
5. Proof that attendant permit applications have been submitted to the City of Deer Park.
6. Written proof of compliance with fire codes must accompany each application for any company having offices or stations in the city limits of Deer Park, Texas.

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(For City of Deer Park use only)

New \_\_\_\_\_ Renewal \_\_\_\_\_ Permit Number \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Proof of attendant applications turned in	_____	_____
Proof of required insurance	_____	_____
Proof of Medical Director	_____	_____
Verification city taxes are not delinquent	_____	_____
Application fee included	_____	_____
Copy of current medical protocols	_____	_____

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Disapproved \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit issued \_\_\_\_/\_\_\_\_/\_\_\_\_

EMS Inspector \_\_\_\_/\_\_\_\_/\_\_\_\_