

AMBULANCE OPERATOR BUSINESS LICENSE NEW APPLICATION INSTRUCTIONS

Please review the application requirements specified below. Submit an entire application packet either in a thumb drive (preferred, with each section/attachment as a separate file) or in a binder (separated by tabs into each section/attachment) along with the application fee to:

Director
Emergency Medical Services Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

County Code Requirement Applicable Section and/or Policy	APPLICATION ITEMS TO BE SUBMITTED
Signed Application Form/Supporting Documentation	
7.14	<ul style="list-style-type: none"> • Check or money order in the amount of <u>\$4850.17</u> made payable to “Los Angeles County Treasurer and Tax Collector.”
7.06.010 7.06.020	<ul style="list-style-type: none"> • Completed Application Form (Exhibit A) <ul style="list-style-type: none"> ○ Officer(s) authorized to accept service of legal process must be identified by an asterisk (*) on the Form. ○ Form must be signed by all officers/directors of the applying legal entity. ○ Form must be dated ○ If the business or service is advertised to the public and known by a name or designation other than the name of the applicant, include such name or designation, otherwise, a statement that the business is not so advertised or known
7.04.090 (A)	<ul style="list-style-type: none"> • Fictitious Business Name Statement, if applicable <ul style="list-style-type: none"> ○ If Corporation, LLC, or LP is operating under a fictitious business name, a Fictitious Business Name Statement which has been executed and filed in the county of the principal place of business.
7.16.050 (O)	<ul style="list-style-type: none"> • Certified copy of Articles of Incorporation (corporation) or Articles of Organization (LLC/LP) for the applying legal entity, if applicable.
7.16.050 (O)	<ul style="list-style-type: none"> • Certified copy of Statement of Information for the applying legal entity (corporation, LLC, or LP, if applicable). <ul style="list-style-type: none"> ○ Initial Statement of Information, and any Amendments thereto
7.16.050 (O)	<ul style="list-style-type: none"> • Current Certificate of Status issued by the SOS for the applying legal entity.
ATTACHMENT I – Financial Capability	
7.16.050 (A.1)	<ul style="list-style-type: none"> • Current Profit and Loss Statement and Current Balance Sheet <ul style="list-style-type: none"> ○ <u>Established applicant(s) which have been in operation for more than one (1) year</u> shall submit the above financial statements for the last two (2) fiscal years ○ Financial Statements shall be prepared by a currently licensed certified public accountant (CPA) and shall include either a letter signed by a CPA (including license #) affirming the documents the CPA has prepared or a signature, date, and license number of CPA on the financial documents themselves. • Applicant’s written statement regarding disclosure of all liabilities which is signed and dated. • Current bank statements for the most recent three (3) months

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7.16.050 (A.2)	<ul style="list-style-type: none"> • Current Profit and Loss Statement and Balance Sheet <ul style="list-style-type: none"> ○ <u>New or start up applicants which have been in business for less than one (1) year shall submit the above current financial statements for the following period: Current year</u> ○ A pro forma profit and loss statement shall also be submitted for the following period: Current Year ○ Financial Statements shall be prepared by a currently licensed certified public accountant (CPA) and shall include either a letter signed by a CPA (including license #) affirming the documents the CPA has prepared or a signature, date, and license number of CPA on the financial documents themselves • Applicant's written statement regarding disclosure of all Liabilities which is signed and dated. • Current bank statements for the most recent three (3) months
7.16.050 (A.4)	<ul style="list-style-type: none"> • Data should be submitted showing: <ul style="list-style-type: none"> ○ Estimated average cost of operating one trip ○ Number of trips per day a vehicle must be run to be profitable • Costs per trip should be itemized • The use of break-even-type formulas may be used to show the economic feasibility of the proposed operation
ATTACHMENT II – Evidence of Support	
7.16.050 (C)	<ul style="list-style-type: none"> • Provide a minimum of three (3) written or verbal support of the application. <ul style="list-style-type: none"> ○ Written statements should be provided from: <ul style="list-style-type: none"> ▪ Responsibly positioned people ▪ Institutions or ▪ Users of the service. ○ Written statements should include a date, signature and title of the recommender on company letter head. ○ Persons wishing to provide verbal support may do so at the Public Hearing before the Ambulance Licensing Board <ul style="list-style-type: none"> ▪ If verbal support, submit written notice of verbal testimony
ATTACHMENT III – Proposed Rate Schedule	
7.16.280 (A.1-7) 7.16.310 (A.1-19) 7.06.020 (D) Current Rates Posted on Website	<ul style="list-style-type: none"> • Current Rate Schedule <ul style="list-style-type: none"> ○ Rate schedule must be on applicant's letterhead, dated and signed. ○ Rate schedule should only include charges that are applicable to applicant. • Applicant's written and signed statement affirming that LA County General Public Rates will not be exceeded
ATTACHMENT IV – Insurance Liability Coverage	
7.16.050 (G) 7.16.180 7.16.190	<ul style="list-style-type: none"> • A certificate of insurance coverage that is rated by AM Best as "A-" or better and is in the Financial Size Category VII or higher. <ul style="list-style-type: none"> ○ Review the required insurance coverage and limits as specified in Exhibit B

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ATTACHMENT V – Maximum Response Times	
7.16.050 (B) (1-2)	<ul style="list-style-type: none"> • A written agreement to respond to requests for service within the County response time standards <ul style="list-style-type: none"> ○ Applicant must state and agree to meet the response time requirements as specified in Exhibit C
ATTACHMENT VI – Evidence of Qualified Management and Adherence to Rules and Regulations	
7.16.050 (O)	<ul style="list-style-type: none"> • Organizational Chart which includes the following: <ul style="list-style-type: none"> ○ The company name and effective date. ○ The names, titles and reporting relationships of all employees listed on organizational chart. ○ Review the Sample Organizational Chart
7.16.050 (D)	<ul style="list-style-type: none"> • Evidence of Technically Qualified Management <ul style="list-style-type: none"> ○ Resume/CV for applicant and all management personnel ○ A Manager’s resume must show: <ul style="list-style-type: none"> ▪ The type and duration of transportation experience, and ▪ At least five (5) years of increasingly responsible experience in the operation or management of a basic life support or advanced life support service.
7.16.050 (I.1,3)	<ul style="list-style-type: none"> • Completion of Disclosure Form (Exhibit D – page 1) for each officer, director and manager which discloses the following: <ul style="list-style-type: none"> ○ If any other licenses or franchises have been held during the past ten (10) years. ○ If any license has been revoked
7.16.050 (I.2-3)	<ul style="list-style-type: none"> • Completion of Disclosure Form (Exhibit D – page 2) for each officer director and manager which discloses the following: <ul style="list-style-type: none"> ○ Any investigation by a governmental agency and disclosure of the nature of the investigations ○ Conviction of any misdemeanor or felony or whether there are any pending criminal proceedings at the time of application
7.16.050 (M)	<ul style="list-style-type: none"> • A written and signed agreement affirming ongoing adherence to all rules and regulations (Exhibit E) for each officer, director and manager
ATTACHMENT VII – Business Facilities/Description of Premises	
7.16.020 (D) 7.16.050 (F) 7.16.050 (J) 7.16.050 (O) 7.16.050 (P)	<ul style="list-style-type: none"> • Premises Description – description of the premises, including its location, that will serve as the base of operations. <ul style="list-style-type: none"> ○ Include a written description of the billing area and security measures utilized to protect patient confidentiality (i.e. compliance with protected health information [PHI] regulations, HIPAA, and HITECH) ○ Include a written description of any other additional facilities/stations that deploy vehicles. ○ Copy of the California Highway Patrol License and a copy of the Ambulance Inspection Report for the facility. <p>Site visit to be completed prior to approval</p>
7.16.050 (I.5)	<ul style="list-style-type: none"> • Proof of Zoning Compliance <ul style="list-style-type: none"> ○ For businesses located in an unincorporated area of the County, complete of a Zone Referral Form (Exhibit F). ○ For businesses located in incorporated cities, submit proof of zoning compliance from the applicable city (i.e. certificate or letter from the city)

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7.16.020 (C) 7.16.040 7.16.050 (F, J) 7.16.050 (O) 7.16.210 7.16.215	<ul style="list-style-type: none"> • Complete a listing of each ambulance vehicle, and if applicable, each ambulance vehicle that will be operated by the applicant in Los County. Use Exhibit G and include the following information: <ul style="list-style-type: none"> ○ Unit Number ○ License Number and Vehicle Identification Number (VIN) ○ Vehicle Make, Model Year (based on the initial date it was placed in service, provided that date is not greater than one (1) year from the date of manufacture), and Type ○ Vehicle Mileage ○ Patient Capacity ○ Projected Vehicle Life • Results of most recent CHP inspection for all ground ambulances • Copies of the current vehicle registration issued by the DMV • Verification of odometer testing and certification issued by the Department of Agricultural Commissioner – Weights and Measures • CHP Vehicle License • An ambulance vehicle license shall not be granted for any ground ambulance which at the time of application is more than eight (8) years old as defined by the initial date the vehicle was first put into service, provided that the date is not greater than one year from its manufacture date
7.16.050 (H)	<ul style="list-style-type: none"> • Photograph or color drawing of vehicle color scheme and insignia to be used to identify ambulances of applicant. <ul style="list-style-type: none"> ○ Photos/color drawings must show front, back and both sides of a sample vehicle.
ATTACHMENT VIII – Statement of Work	
7.16.050 (E)	<ul style="list-style-type: none"> • Provide a detailed description of the area(s) within which applicant is operating or is proposing to operate
7.16.050 (I.4)	<ul style="list-style-type: none"> • Copies of any current city business licenses that have been issued to applicant by any United States jurisdiction. • Copy of CHP Facility Operator’s License
7.16.050 (L) 7.16.050 (K) Reference No. 226	<ul style="list-style-type: none"> • Dispatch Policies and Procedures <ul style="list-style-type: none"> ○ The dispatch policies and procedures must meet all requirements specified in Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch (copy enclosed) ○ Dispatch logs for the thirty (30) day period immediately prior to the date of application ○ Current listing (Exhibit H) of dispatchers and their qualifications
7.16.050 (O) CA Code of Regulations, Title 22, Division 9, Chapter 12, Article 2	<ul style="list-style-type: none"> • QI Plan <ul style="list-style-type: none"> ○ Submit a copy of applicant’s Quality Improvement Plan, which meets the requirements specified in Los Angeles County Prehospital Policy, Reference No. 620 EMS Quality Improvement plan ○ Include the name of the individual who is responsible for the Quality Improvement Program and a copy of the named individual’s resume/CV ○ An EMS Agency approved QI plan is required when operating an ambulance company

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ATTACHMENT IX – Background Check	
7.16.050 (I), (O)	<ul style="list-style-type: none"> • Completed Request for Live Scan Service form(s) (copy enclosed) • Completed EMS Personal Information form(s) (Exhibit I) • Copy of a government issued photo identification (e.g., state issued driver’s license or identification card or passport) <ul style="list-style-type: none"> ○ Completion of the above is required for each officer, director and manager.