

COUNTY OF LOS ANGELES EMS AGENCY  
AMBULANCE/AMBULETTE OPERATOR LICENSE APPLICATION

**DISCLOSURE OF PREVIOUS LICENSES, FRANCHISES, AND  
ADHERENCE TO RULES AND REGULATIONS**

I, \_\_\_\_\_, as the \_\_\_\_\_  
(Print Name) (Company Position)

of \_\_\_\_\_  
(Full Name of Business)

am disclosing the following information, pursuant to County Code, Chapter 7, Section 7.16.050(I):

- I have NOT held any other licenses or franchises during the past 10 years
- I have held the following licenses and/or franchises during the past 10 years:


(Attach Additional Pages if Needed)

- I have NOT ever had any licenses revoked
- I have had the following license(s) revoked: (include reason for licensure revocation)


(Attach Additional Pages if Needed)

Signed, \_\_\_\_\_ on \_\_\_\_\_  
(Date)

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(Print Name) (Company Position)

of \_\_\_\_\_  
(Full Name of Business)

am disclosing the following information, pursuant to County Code, Chapter 7, Section 7.16.050(I):

(Full Name of Business)

- I have NOT ever been investigated by any governmental agency
- I have been investigated by a governmental agency for the following: (provide the date(s) and nature of the investigation, name of the investigating agency, and the outcome.)


(Attach Additional Pages if Needed)

- have NOT ever been convicted of a misdemeanor or a felony
- have been convicted of a misdemeanor and/or a felony and/or have pending criminal proceedings as follows: (provide the date(s) and nature of conviction(s), including whether the conviction was a misdemeanor or felony, )


Signed, \_\_\_\_\_ on \_\_\_\_\_  
(Date)