

**COUNTY OF LOS ANGELES EMS AGENCY
AMBULANCE OPERATOR LICENSE APPLICATION
AFFIRMATION**

Pursuant to County Code, Chapter 7, Section 7.16.050, this is to provide affirmation that

I, _____, as the _____
(Print Name) (Company Position)

of _____
(Full Name of Business)

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

(Attach Additional Pages if Needed)

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

(Attach Additional Pages if Needed)

Signed, _____ on _____
(Date)

**COUNTY OF LOS ANGELES EMS AGENCY
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AFFIRMATION**

Pursuant to County Code, Chapter 7, Section 7.16.050, this is to provide affirmation that

I, _____, as the _____
(Print Name) (Company Position)

of _____
(Full Name of Business)

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

(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 as follows: (provide the date(s) of each conviction, identify whether each conviction was a misdemeanor or felony, identification of the specific conviction(s) and a complete description of the circumstances)

Signed, _____ on _____
(Date)