

AMBULANCE OPERATOR'S BUSINESS LICENSE APPLICATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION AND FOLLOW THE REQUIRED FORMAT:

A. Complete all applicable sections of the attached Application Form:

If applicant is a corporation, the name shall be stated as set forth in the State of California's Articles of Incorporation for the corporation. List the names and addresses of all corporate officers/directors and the name and address of the corporation's initial agent for service of process on the Application Form. Attach copies of the original Articles of Incorporation, the initial Statement of Information and any Amendments thereto, which have been certified by the Secretary of State.

If the applicant is a partnership, the names and addresses of each general partner shall be stated. If one or more of the partners is a corporation, the provisions of this chapter as a corporate applicant apply.

If applicant is a Limited Liability Company (LLC), the name shall be stated as set forth in the State of California's Articles of Organization. List the names and addresses of all LLC members and the name and address of the LLC's initial agent for service of process on the Application Form. Attach copies of the Articles of Organization, the initial Statement of Information, and any Amendments thereto, which have been certified by the Secretary of State.

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 on the Application Form. Corporate and LLC applicants must also attach a Certificate of Status from the Secretary of State to the Application Form.

B. Attach evidence of applicant's financial capability and label as "Attachment I":

Established applicants, who have been in operation for more than one year, must include current profit and loss statements and current balance sheet, both of which must be prepared by a certified public accountant.

New or start up applicants, which have been in business for less than one year, must include current and pro forma profit and loss statement and current balance sheet.

All applicants must submit current bank statements for the most recent three (3) months and data showing the estimated average cost of operating one trip, and the number of trips per day a vehicle must run to be profitable (the costs per trip should be itemized, you may use break-even type formulas); describe any unpaid judgments against the applicant, as well as the nature of transactions or acts giving rise to said judgments. All liabilities must be clearly defined and disclosed.

The financial statements shall demonstrate that the applicant has adequate financial health, based on liquidity, profitability, and sustainability, to maintain ambulance service operations.

C. Attach evidence of support for applicant and label as “Attachment II”:

Applicant must provide a minimum of three (3) written statements, on letterhead, in support of the applicant from responsibly positioned people, institutions, or users of the service.

In lieu of written statements, applicant may submit a signed and dated letter of intent to provide verbal testimony during the Public Hearing phase of the application process. Such letter of intent shall include the name(s), title(s) and affiliation of the responsibly positioned people, institutions, or users of the service planning to testify.

D. Attach a schedule of rates applicant proposes to charge and label as “Attachment III”:

Fees may be no greater than the maximum ambulance service rate(s) for the general public as prescribed in Sections 7.16280 and 7.16.310, Ambulance, and Sections 7.17.080 and 7.17.081 Ambulette, of the county ordinance. Provide applicants current schedule of rates for the billing of the general public and a dated and signed statement by applicant that at no time shall the general public rates exceed the allowable amounts specified in the County Code.

E. Attach a list of insurance and liability coverage and label as “Attachment IV”:

The minimum insurance coverage types and limit requirements for ground ambulance operators include general liability insurance with limits of not less than \$1 million each occurrence and \$2 million aggregate; automobile liability insurance with limits of not less than \$1 million each accident and must include all vehicles used by the applicant; Worker's Compensation and employers' liability insurance, or an equivalent program of self-insurance coverage which complies with California Labor Code requirements; and professional liability insurance covering applicants errors and omissions with limits of not less than \$1 million per each claim and \$2 million aggregate. Such insurance shall be provided by insurer(s) satisfactory to the county and upon licensure approval, the general and auto liability insurance policies shall name the County of Los Angeles as an additional insured.

Attach a certificate of insurance (COI) or other evidence of insurance coverage which meets or exceeds the requirements specified above.

F. Attach a written statement verifying agreement not to exceed maximum response times and label as “Attachment V”:

Provide a written agreement, which is signed and dated on company letterhead, to respond to requests for service within the following County standards for maximum response times: 1) Emergency calls from urban areas (census tracts or enumeration districts without census tracts which have a population density of 100 or more persons per square mile) is “eight (8) minutes, 59 seconds”; rural areas (census tracts or enumeration districts without census tracts which have a population density of 10 to 99 persons per square mile) is “twenty (20) minutes”; wilderness areas (census tracts or enumeration districts without census tracts which have a population density of less than ten [<10] persons per square mile) is “as quickly as possible”; and 2) Critical care transport and non-emergency call maximum response time is “ninety (90) minutes” from the time of the call, or scheduled pick-up, whichever applies.

G. Attach documentation verifying that applicant's company has technically qualified management and label as "Attachment VI":

Provide an organizational chart that includes the names and titles of all management personnel including, but not limited, to the general manager and/or operations manager. It is understood that one individual may hold one or more of the aforementioned management titles. Submit applicant's resume(s) and, if applicable, the resume(s) for the general manager and operations manager showing type and duration of medical transportation experience, of which at least five years is increasingly responsible experience in the operation or management of a basic life support or advanced life support transport service.

Each applicant/management personnel identified above, must complete, sign, and submit specific evidence or complete an "Affirmation Form" concerning adherence to rules and regulations by identifying all licenses and franchises held during the last ten years; disclosing whether the applicant or the principals of the applicant have ever been investigated by any governmental agency, the nature of the investigation, and the results of the investigation, including revocation or denial of licenses applicant previously held or applied for, conviction of any misdemeanor or felony, and/or whether there are any pending criminal proceedings at the time of application.

To verify adherence to all applicable Federal, State, local rules and regulations, and Los Angeles County prehospital care policies and procedures, each applicant/management staff must submit a written and signed agreement, which is dated and on company letterhead, affirming ongoing adherence upon licensure.

H. Attach a description and location of the business facilities and the vehicle(s) and label as "Attachment VII":

Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulances and/or ambulettes; include a description of the total number of vehicles operated by applicant and the number of ambulance and/or ambulette vehicle business licenses that applicant is requesting. Each ambulance and/or ambulette vehicle listed for licensure must include the unit number, license number, vehicle identification number (VIN), make, model year, model type, mileage, projected vehicle life, and patient capacity of each vehicle; attach copies of the current vehicle registration issued by the Department of Motor Vehicles (DMV), verification of odometer testing and certification issued by the Department of Agricultural Commissioner- Weights and Measures, the California Highway Patrol (CHP) emergency vehicle license and the results of the most recent CHP inspection for each vehicle to be licensed.

Submit a description of the premises that serve as a base of operations and any other facilities or stations that deploy or house ambulances; include a description of billing area and security measures utilized to protect patient confidentiality and describe each crew quarters for all identified locations. Each business site must be appropriately zoned for commercial business, submit a Certificate of Authorization or Compliance provided by the jurisdictional City or Municipality for each business location. If location is in an unincorporated area and is under County responsibility, complete and include with your application a "Zone Referral Form".

I. Attach a description of area(s) of operation and applicant's quality improvement plan and medical dispatch policies and procedures and label as "Attachment VIII":

Provide a detailed description of the area(s) within which applicant is operating or is proposing to operate. Attach copies of any current business licenses held by applicant which have been issued by any United States jurisdiction and a copy of applicant's CHP emergency ambulance operator's license and results of most recent CHP inspection.

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 Program (EQIP) and Reference No. 620.1, EMS Quality Improvement Program (EQIP) Plan. Include the name of the individual who is responsible for the Quality Improvement Program and a copy of the named individual's curriculum vitae or resume.

Applicants must also submit company's dispatch/communications policies and procedures which meet all requirements specified in Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch; include copies of dispatch logs for the thirty (30) day period immediately prior to the date of application and a description of the qualifications for dispatchers. In order to verify compliance with Reference No. 226, a copy of the appointed Medical Director's curriculum vitae or resume and copies of all applicable credentials (i.e. licensure, board certification, etc.) must also be included with the application.

J. Attach a completed Sheriff's Personal Information Form and photo identification and label as "Attachment IX":

A background check is required for each principal of the company. Include a completed "Personal Information" form for the background check which will be performed by the Los Angeles County Sheriff's Department, Major Crimes Bureau/License Detail. Failure to answer any question on this form, by leaving the answer line blank, is grounds for denial by the Sheriff's Background Investigator. Attach a legible copy of Applicant's state issued driver's license, identification card or passport to the "Personal Information" form.

When the application packet is processed, Applicant will be provided with a "Request for Live Scan Service" form to obtain fingerprinting services. Additional instructions regarding how to obtain Live Scan print processing will be provided at that time.

K. Submit the completed original application packet with payment and five (5) copies of the entire application (including all attachments):

A non-refundable application processing and licensure fee of \$4846.17 (check or money order) made out to "Los Angeles County Treasurer and Tax Collector" for the Ambulance Operator's License must be submitted with the application. Incomplete applications will be returned to the applicant and will not be processed.

The original and all copies of the application packet must be submitted in a 3-ring loose leaf binder, with labeled dividers for each attachment identified above. **DO NOT** place documents or pages of the application packet in page protectors or covers. Two-sided copies are encouraged whenever possible.

Submit completed original application packet, fee and the required five (5) copies to:

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

Telephone: (562) 347-1500
Fax number: (323) 941-5835

Applications are processed in the order in which they are received. Following receipt, review and approval of the information identified above, the Department of Health Services will hold a public hearing to determine whether or not issuance of an ambulance operator's license will be granted. Following license approval, operator may schedule an inspection of medical equipment and supplies for the number of vehicles to be licensed, with an accompanying fee of \$373.86 per ambulance and, if applicable, \$361.72 per ambulette. Additionally, the following required documentation for each vehicle must be submitted and on file with the EMS Agency prior to issuance of vehicle licensure:

Ambulance: 1) current vehicle registration certificate, 2) current CHP inspection form, 3) proof of insurance card, and 4) current Department of Agriculture / Weights and Measures Odometer certificate. Each document should identify, by unit number, VIN and vehicle license number, which ambulance it represents.

Ambulette: 1) current vehicle registration certificate, 2) proof of insurance card, and 3) current Department of Agriculture / Weights and Measures Odometer certificate. Each document will identify, by unit number, VIN and vehicle license number, which ambulette it represents.

PLEASE NOTE: Ambulance vehicles must be less than eight (8) years old at the time of initial licensure as defined by the initial date the vehicle was first put into service, provided that the date is not greater than one (1) year from the date of its manufacture.

Licensure Process

The EMS Agency is responsible for processing all applications for licensure from private ambulance companies, corporations or partnerships desiring to become licensed to perform ambulance activities within the incorporated cities and unincorporated areas of the County.

Applications for Los Angeles County Ambulance Operator Business licenses are processed through the EMS Agency as described in the Los Angeles County Code (County Code), Title 7, Section 7.16 - Ambulances. Processing of applications is done in the order in which the application is received.

Specific County departments are delegated by Ordinance to review sections of the ambulance license application that are pertinent to their area of responsibility and to recommend approval or denial of the application based on their review. Once all of the sections of the application have been reviewed by the various departments, the EMS Agency will determine if the application is complete and meets all of the requirements for licensure or if the application is deficient in any area.

If the application is determined to be complete and in compliance with the County Code a public hearing will be schedule as defined in Section 7.16.060 - Ambulance Operator - Hearing Required. The Ambulance Licensing Hearing Board makes the decision of whether to approve or deny the application.

If the EMS Agency determines the application to be incomplete in any area and/or it does not comply with the County Code, the application will be denied and the applicant will be notified in writing. The applicant will have 30 calendar days in which to respond. Failure to provide the requested information within 30 days will result in the abandonment of the application and the complete application process, including fees, must be restarted in order to be considered for licensure.

If the resubmitted information is received within the 30 day timeframe and is determined to be complete, a public hearing will be scheduled within 120 calendar days. If the resubmitted information remains incomplete or deficient, the applicant will again be notified in writing. The applicant has an additional 30 calendar days to submit updated material. Scheduling of a public hearing will be done within 120 calendar days, provided the additional documentation received is found to be complete. If the application continues to be incomplete or deficient following this third submission, the applicant will be notified in writing that the application has been terminated and a new application, including a new application fee, must be submitted.

In the event that the ambulance operator business license is denied by the Ambulance License Hearing Board, County Code, Title 7, Business Licenses, Section 7.08.090 Denial, requires a one (1) year waiting period from the date of denial before a new application can be submitted, unless the new application can affirmatively show that the ground(s) upon which the first application was denied no longer exist.

APPLICATION FOR AMBULANCE OPERATOR'S LICENSE

READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

Full name of applicant: _____ Tel. No.: (____) _____

Full name of business: _____
STATE WHETHER CORPORATION, PARTNERSHIP, INDIVIDUAL PROPRIETORSHIP OR OTHER STATUS

Address of business: _____
NUMBER STREET CITY ZIP CODE

Mailing address (if different): _____
STREET/P.O.BOX CITY ZIP CODE

If a corporation, exact corporate name: _____

Date of Incorporation: _____ Incorporation in the State of: _____

NAME OF OFFICERS	ADDRESSES	TITLES
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESIGNATE WITH AN ASTERISK (*) THE ABOVE OFFICER(S) DULY AUTHORIZED TO ACCEPT SERVICE OF LEGAL PROCESS

If a partnership, indicate the names address and percentage of partnership each holds:

NAME OF PARTNERS	ADDRESSES	%INTEREST HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of license applying for (check all that apply): Ambulance Ambulette Special Event

Operating area(s) applying for: _____
(must be specific)

I certify (or declare) the information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the license applied for I agree to submit any additional information that may be requested and to conduct all phases of the business in accordance with all applicable laws, ordinances and regulations.

Date: _____ Applicant's Signature/Title: _____

