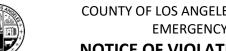
SUBJECT: NOTICE OF VIOLATION – AMBULANCE PERSONNEL

REFERENCE NO. 451.4



COUNTY OF LOS ANGELES COUNTY OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES AGENCY



NOTICE OF VIOLATION – AMBULANCE PERSONNEL

Title 7 Business Licenses – Chapter 7.16 Ambulances

P-001

Inspection/Incident Date:	Inc	ident Location/	Address:		
Operator Name:		CHP No.	Unit No.	VIN No.	
Operator Address:			City:		Zip:
Driver:	Home Address, City, Zip Code:				State EMT or PM#
Attendant:	Home Address, City, Zip Code:			State EMT or PM#	
Enforcement Officer:					

A NOTICE OF VIOLATION IS BEING IMPOSED ON THE AMBULANCE DRIVER / ATTENDANT PURSUANT TO THE FOLLOWING:

CODE SECTION	AMBULANCE PERSONNEL VIOLATIONS CATEGORY I			
7.16.160, C	Driver fails to carry on their person and fails to produce a current CDL, CA Ambulance Driver's certificate, DL-51 and/or CA EMT certificate or CA Paramedic License and/or Los Angeles County Paramedic Accreditation on request of an enforcement officer			
7.16.160C	Attendant fails to carry on their person and fails to produce a current CA EMT certification card or CA Paramedic License and/or Los Angeles County Paramedic Accreditation on request of an enforcement officer			
CODE SECTION	AMBULANCE PERSONNEL VIOLATIONS CATEGORY III			
7.16.100, 6	Operation of an ambulance by ambulance personnel in any manner contrary to the LA County Ambulance Ordinance, any section of the California Vehicle Code, Titles 13 and 22 of the California Code of Regulations, the Federal Aviation Regulations, and the statutes, rules, and regulations of the Medicare and Medi-Cal programs.			
7.16.160,A,4 7.16.140, B Title 22, §100062	Acts as an attendant or driver without a current EMT certificate or paramedic license			
7.16.140, A 7.16.160, A, 1-2	Drives a private ambulance without valid California Driver's License and/or California Ambulance Driver Certificate			
7.16.160, A, 3	Drives a private ambulance without a current DL-51			

Please Note: When applicable, violations will also be referred to other appropriate regulatory agencies for follow up.

Received by____

(Print name and title)

(Signature and date)

A copy of this notice will be sent to the ambulance personnel's employer. A follow up letter with additional instructions will be provided. The key contact for a Notice of Violation is Ambulance Licensing Programs, at 562-378-1500.