

APPLICATION FOR AIR AMBULANCE PROVIDER PERMIT

SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY
355 Tuolumne St., MS 20-240, Suite 2400, Vallejo, CA 94590
(707) 784-8155

Initial Application Renewal Application

1. Company Name and Contact Personnel Information

Air Ambulance Provider Name:		
Air Ambulance Provider's Agent for County Permit Process:		
Address:		
Tel. Number:	Fax Number:	E-Mail Address:

2. Submit the following documentation (Initial or Renewal):

- Copy of Air Taxi/Commercial Operations Certificate
- Copy of Certificate of Insurance
- Proof of authorization and classification of Air Ambulance Provider by local EMS Agency with Jurisdiction

3. Submission of Patient Care Reports (PCR) (Initial or Renewal):

- Submit a written statement assuring PCRs will conform with all data elements of California Code of Regulations and Solano County EMS Policy
- Monthly submit copies to the EMS Agency of all PCRs that originate within Solano County by the 15th day of the following month

4. Fees (Initial and Renewal):

- \$3,500.00 payable to Solano County EMS for Initial Permit
- \$3,500.00 payable to Solano County EMS annually for Renewal Permit

Amount enclosed with this application is: \$ _____

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

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|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Requirements met | <input type="checkbox"/> Requirements not met |
| <input type="checkbox"/> Air Ambulance Provider Permit approved | <input type="checkbox"/> Air Ambulance Provider Permit disapproved |
| <input type="checkbox"/> Application fee/renewal fee paid | <input type="checkbox"/> Air Ambulance Provider Permit agreement executed |

Air Ambulance Provider Agreement Letter Sent: _____ Expiration date: _____

Signature of Permit Officer: _____ Date: _____

