AMBULETTE 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 the 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 the State.

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

Include current or pro forma profit and loss statement and bank statements for the most current three (3) months at the time the application is submitted and a current balance sheet as evidence of applicants financial status; 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.

C. Attach a description of the area(s) in which applicant proposes to operate and label as "Attachment II":

Include specific identification of the operating area(s) applicant is applying for; provide a written description and/or map(s) which clearly identifies the areas in which applicant proposes to provide services

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

Fees may be no greater than the maximum ambulette service rate(s) for the general public as prescribed in 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 include comprehensive general liability and comprehensive auto liability, each with a combined single limit of not less than $1,000,000.00 per occurrence; Worker's Compensations insurance or a certificate of consent to self-insure issued by the State Director of Industrial Relations, applicable to all employees of the applicant 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 documentation verifying applicant's experience in the transportation and care of sick, convalescent, or injured persons and label as "Attachment V":

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 of 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 non-emergency medical transportation experience.

Each applicant/management personnel identified above, must complete, sign, and submit specific evidence or complete an "Affirmation" 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, or conviction of any misdemeanor or felony.

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.

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

Provide a color photograph or drawing which clearly shows the color scheme and insignia for your ambulettes; include a description of the total number of vehicles operated by applicant and the number of ambulette vehicle business licenses that applicant is requesting. Each 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 (if charging for mileage).

Submit a description of the premises that serve as a base of operations and any other facilities or stations that deploy or house ambulettes; include a description of the billing area and security measures utilized to protect patient confidentiality. 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".

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

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.

I. 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 Ambulette 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 3-ring loose leaf binders, 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 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 public convenience and necessity requires the issuance of an ambulance or ambulette operator's license. Following license approval, operator shall schedule an inspection of medical equipment and supplies for the number of vehicles to be licensed, with an accompanying fee of $361.72 per ambulette and the following required documentation for each vehicle must be on file:

I) current vehicle registration certificate, 2) proof of insurance card, and 3) current Department of Agriculture / Weights and Measures Odometer certificate (if charging for mileage). Each document will identify, by unit number, VIN and vehicle license number, which ambulette it represents.

Licensure Process

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

Applications for Los Angeles County Ambulette Operator's Business licenses are processed through the EMS Agency as described in the Los Angeles County Code (County Code), Title 7, Section 7.17-Ambulettes. 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 ambulette 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 7.17.050 – License – Application – Hearing Required. The Ambulance/Ambulette Licensing Hearing Board makes the decision of whether or not 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 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 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 ambulette operator business license is denied by the Ambulance/Ambulette License Hearing Board, County Code, Title 7, Business Licenses, Section 7.08.090 Denial, requires a one (I) year waiting period from the date of denial by the Ambulance Licensing Hearing Board 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.

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

APPLICATION FOR AMBULETTE OPERATOR'S LICENSE

READ ALL INSTRUCTION BEFORE COMPLETING APPLICATION

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

Full name of business: _____

STATE WHETHER CORPORATION, PARTNERSHIP, INDIVIDUAL PROPREITORSHIP 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

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:** _____

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AmbuletteLicApp (10/17/11)