



CITY OF HOUSTON
Houston Health Department
EMS Program
Phone: (832) 393-5740
hltems@houstontx.gov

PRIVATE AMBULANCE SERVICE INITIAL AND RENEWAL APPLICATION

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. When your application is approved you will be contacted about the approval and how to schedule your decal inspections. Be sure when the ambulance is brought to the inspection, it is equipped and supplied to the highest level listed on the Texas DSHS license located on each ambulance. For example; if the ambulance is licensed as BLS with MICU capability, it will be inspected at the MICU level.

- **You will not be able to receive your Ambulance Service Permit until you have at least one of your ambulances pass inspection and receive their decal.**
- **EMS Providers are encouraged to submit renewal applications 30 days prior to the Ambulance Service Permit expiration date.**
- **Providing ambulance service after the Ambulance Service Permit expiration date will result in enforcement action.**

When all the information provided in the application is correct, the health officer will issue a City of Houston Ambulance Service Permit valid for 12 months from the expiration of your last permit. After the Ambulance Service Permit has been received, the Company's Director of Operations or designated employee shall make each ambulance unit available to the health officer for inspection. It is the responsibility of this person to schedule his/her ambulance(s) for inspection. Upon inspection, if the ambulance unit is in compliance, a City of Houston Ambulance Inspection Decal will be affixed to the rear right window or similar location. Each ambulance unit decal will expire concurrently with the Ambulance Service Permit.

EMS Providers are strongly encouraged to keep the City of Houston updated about any changes within the company.

Mail or deliver applications:

City of Houston – EMS Program
7427 Park Place Blvd
Houston, TX 77087

We accept checks, money orders or walk in credit card (Master Card, Visa or Discover)

Please make checks or money orders payable to: City of Houston

Keep this page for your records.



Application Requirements:

In order for your application to be approved **ALL** boxes must be checked

- Application complete**, accurate and notarized.
- Affidavit of Ambulance Service Manager Acknowledgement**, accurate and notarized
- Copy of Medical Protocols in digital format.** *Paper copies will no longer be accepted. Protocols must be provided on CD or USB Drive and in a Microsoft Word or Adobe PDF format.*
- Signature page for Medical Protocols** with *original* (pen to paper, not electronically printed on) signature from the Medical Director, effective date and expiration date.
- Equipment and medication list from protocols** with *original* (pen to paper, not electronically printed on) signature from the Medical Director, effective date and expiration date.
- Document showing EMS Provider is registered in Harris County as a legal business** or Copy of Articles of Incorporation (if incorporated).
- Current copies of Texas Driver License for each person listed as the owner** of the company. Photos and text must be clear.
- Current copy of Texas Driver License for the individual who signed the Affidavit of Ambulance Service Manager Acknowledgement.** Photos and text must be clear.
- Current copies of Texas Driver License, Texas DSHS certification and City of Houston Ambulance Driver Permit** for each employee listed on the application. Photos and text must be clear in all copies of IDs.
 - You must have one employee that holds a current City of Houston Ambulance Drivers Permit for every ambulance you have listed on the application and minimal of 2 employees per vehicle.**
- Copy of EMS Provider License** issued by the Texas Department of State Health Services.
- Copy of each Vehicle Authorization** issued by the Texas Department of State Health Services. *This is the document posted in the patient compartment of each ambulance as required by state law.*
- Certificate of Auto Liability Insurance** showing the City of Houston as a certificate holder or additional insured.

In the Box Labeled Certificate Holder the text must read:

Houston Health Department – EMS Program
7427 Park Place Blvd
Houston, TX 77087

Be sure that any ambulance you wish to permit is listed on your Certificate of Auto Liability Insurance as covered.



Application Requirements:

Insurance coverage must be in compliance with Chapter 4, Section 15 of the City of Houston Code of Ordinances:

“Such policy shall provide liability insurance in the amount of not less than fifty thousand dollars (\$50,000.00) for any one accident and not less than twenty five thousand (\$25,000.00) for injury to any one person. Such insurance policy shall not contain passenger liability exclusion. Each policy shall contain a provision obligating the insurer to give to the health officer written notice of cancellation not less than ten (10) days prior to the date of any cancellation”.

- Non-refundable Application and Inspection fees with the application:** *Made payable to the CITY OF HOUSTON only by Personal Check, Company Check (with pre-printed company name, address and telephone number), Cashier’s Check or Money Order. Permits will not be processed or issued without payment of all fees.*

2018 EMS Fee Schedule			
	Unit Fee	Admin Fee	Total
EMS DRIVER ID	\$114.03	\$28.50	\$142.53
EMS INITIAL COMPANY PERMIT	\$1,140.33	\$28.50	\$1,168.83
EMS RENEWAL COMPANY PERMIT	\$912.26	\$28.50	\$940.76
EMS AMBULANCE DECAL	\$313.59	\$28.50	\$342.09

Contact the office to determine if you owe initial or a renewal fee.



Ambulance Service Permit Application

To the Houston Health Department of the City of Houston, Texas: In conformity with the City Ordinance, application for an Ambulance Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Ambulance Service Full Name _____

TDSHS Company License Number _____

Mailing Address _____

Physical Address _____

Telephone # _____ Fax # _____ E-mail address _____

Owned by the following person(s)

Last and First Name	Home Address	Driver License #

Vehicle Liability Insurance Provider _____ Telephone # _____

Policy # _____ Insurance Agent's Name _____

Minimum Amount Per Accident \$ _____ Per Person Injured \$ _____

Medical Director _____ Medical License # _____

Business Address _____

Telephone # _____ Fax # _____ E-mail Address _____

Director of Operations or Agent responsible for the local operation of the Ambulance Service described above is:

Last and First name _____ Texas D. L. # _____

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Affidavit of Ambulance Service Owner or Operator Acknowledgement Form
(To be signed by the owner)

The information submitted in the Private Ambulance Service Application is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee, and falsification of the information contained herein will result in the forfeiture of my Private Ambulance Service permit. I acknowledge the receipt of the Ambulance Service Fact Sheet and I understand that by signing this application I will be recognized as the responsible party and may receive all enforcement action.

Ambulance Service Owner/Operator (*Responsible Person*): _____
(Print Full Name)

Affiant: _____
(Signature of Responsible Person)

Subscribe and sworn to before me by affiant this _____ day of _____ 20_____.

Notary Signature

NOTARY PUBLIC in and for THE STATE OF
Ink notary stamps only. No embossed stamps.

My commission expires: _____.

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Company Operation Sheet

Company Name: _____ Date: _____

Ambulance Service Owner/Operator Full Name: _____

Do you have a contract to pick up or deliver patients? _____ YES _____ NO

If YES, list the entity(ies) you have a contract with: _____

If you do have a contract with the City of Houston or Harris County, please include a copy of the contract.

Provide a brief summary of your operations:

If you do not have a contract, how do you (renewal) or how do you intend (initial) to obtain patients?

List top 10 locations and time where patients are picked up.



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Vehicle Information

In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the Houston Health Department to operate the following ambulance vehicles:

	Type	Year and Make	Vehicle ID Number	License Plate #	TDSHS Veh Auth #	TDSHS level (ex. BLS)
1						
2						
3						
4						
5						
6						
7						
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30						

EMS Provider Name

Date

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Employee Information

In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the Houston Health Department to staff its ambulances with the following employees:

	Employee Name Last, First	EMT Level	Texas Driver's License #	Daytime Telephone Number
1				
2				
3				
4				
5				
6				
7				
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EMS Provider Name

Date

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Ambulance Service Fact Sheet

This information will aide in preventing enforcement. This fact sheet should not be interpreted as being all inclusive of the laws ambulance service providers are held to by the City of Houston Chapter 4 Ordinance.

- In the field ambulances are subject to spot inspections by City of Houston health officers. Refusing a spot inspection will result in enforcement action.
- Ambulance drivers should carry on them their City of Houston Ambulance driver's permit and TDSHS certification when driving an ambulance in the City of Houston. Failure to present a valid driver's permit to the health officer will result in enforcement action.
- Operating an ambulance in the City of Houston without a valid decal affixed to the ambulance by a health officer will result in enforcement action. **This does not exclude ambulances that have had their decals paid for or are even scheduled to receive their decals. The ambulance must pass inspection and receive its decal before it can be legally operated.**
- If you have a backup ambulance you plan to operate for any reason, that ambulance is required to obtain a city of Houston decal prior to being operated in the City of Houston.
- EMS Providers are required to obtain permission from the Houston Fire Department Dispatcher before running Emergency Lights and Sirens within the city limits of Houston. Call 832-393-2903 when requesting permission to run emergency lights and sirens.
- Ambulance Service permit applications are processed as quickly as possible, missing information will slow down the approval process. In order to have time to bring all your ambulances in for their decal inspections and avoid a gap in service it is advised you apply 30 days prior to the current expiration of your permit.
- If you sell or go out of business notify the EMS Program immediately and surrender decals and permits.
- When adding an ambulance to your permit all required paperwork must be turned in and the decal payment must be made prior to scheduling the inspection. Same day payments will no longer be accepted for decal inspections.



All Vehicle Requirements

- Current State Inspection
- Current TDSHS Certification
- Current Liability Insurance
- Current Registration & Plates
- Name of Service on Both Sides
- Unit # Displayed on Both Sides
- No Unauthorized Wording or Markings
- 3 Emergency Road Triangles
- No Smoking Signs Front Rear
- Tires in Good Condition
- Doors in Acceptable Condition
- All Items Securely Stored
- Dome Light High Low
- Seat Belts Front Rear

Sanitation & Protection

- Clean Equipment Pt. Area
- Reflective Vests
- Clean Sheets, Blankets, Pillows
- Protective Eye Wear
- Protective Gowns
- Protective Shoe Covers
- Protective Gloves

Basic Life Support (BLS) Supplies

- Protocols Signed
- Multi-Level Stretcher & Mount
- Stethoscope Adult Pedi
- BP Cuffs Adult Child Infant Large
- Arterial Tourniquet
- Trauma Shears, Min. 2
- Thermometer with Covers
- Airways Oral Nasal
- B.V.M. Adult Child Infant
- Secure O₂ Main 2 Portable
- O₂ Devices Adult Child Infant
- Portable O₂ Regulator >12LPM
- Suction Mounted Portable
- Suction Tubing & Catheters
- AED with No Error Messages
- AED Pads Adult Pedi
- Epi Auto-injector Adult Child
- Oral Glucose
- Other Meds Per Protocols
- Glucometer
- Pulse Oximeter
- Disposable Bags & Basins

- Emergency Lights Siren
- HVAC Front Rear
- Horn Vehicle Emergency
- Lights Front Rear Stop Turn
- Windshield Free From Obstructions
- 5# BC Mounted Fire Extinguisher w/ Gauge (Current Inspection)
- Communications Equipment
- Current Key Map
- Current Hazmat ERG
- Steps and Body Free From Major Damage
- 2 Flashlights with Extra Batteries
- Positive Locks on Cabinets and Seats
- Free From Exposed Electrical Hazards

- Protective Respiratory Masks N95 or N100
- Disposable Cleaning Supplies
- Red Medical Waste Bags
- No Reusable Cleaning Materials
- Interior in Acceptable Condition
- Hand Antiseptic
- Sharps Container Mounted Portable

- Triangular Bandages, Min. 2
- Sterile 4x4's, Min. 60
- Occlusive Dressings 3x8 or Larger
- Adhesive Tape, Various Sizes, Min. 2 Each
- Roller Gauze, Various Sizes, Min. 6
- Sterile Trauma Dressings, Min. 2
- Sterile Burn Sheets, Min 2
- Disposable Emergency Blankets, Min. 2
- Cold Packs, Min. 4
- Sterile O.B. Kit
- Separate Infant Insulating Device
- Cervical Collars Adult Child Infant
- Head Immobilizer
- Traction Splint Adult Child
- Extremity Splints
- Backboard Straps or Webbing
- Short Board or K.E.D.
- Stair Chair
- Long Backboard
- Triage Tags
- Pediatric Sizing/Dosing Reference/Tape

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All Vehicle Requirements

Advanced Life Support (ALS) Supplies In Addition to BLS Supplies

- IV Fluids Per Protocols
- IV Catheters Per Protocols
- Dextrose 50%
- IV Drip Sets Per Protocols
- IV Starter Kits
- IV Pole or Roof Hook
- Specialized IV Equipment
- Laryngoscope With Extra
- Laryngoscope Blades Per
- E.T. Tubes Per Protocols with
- Lubricating Jelly
- Specialized Airway Equipment
- Magill Forceps
- ALS Protocols Signed

Mobile Intensive Care Unit (MICU) Supplies In Addition to BLS and ALS Supplies

- Medications Per Protocols
- Medications Stored Properly
- Narcotics Locked
- Narcotics Log
- Specialized Equipment Per Protocols
- Cardiac
- Electrodes and Gel
- Extra Paper
- Extra Batteries
- Combo Pads or Paddles
- MICU Protocols Signed

Reference: "Equipment for Ambulances April 2009" ACS-ACEP-NAEMSP

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