



## Reference 814: Provider Service Permit Application Requirements

Revision: New  
Effective 8/9/19

- I. Pursuant to Santa Cruz County Code, Chapter 5.35, the application for a provider permit shall provide the following information:
  - A. The name(s) and address(es) of the applicant(s) and owner(s) of the ambulance or non-transport organization and the organization's or business entity's name.
  - B. The name(s) under which the applicant has engaged, does and proposes to engage in ambulance or non-transport service.
  - C. A description of each ambulance or vehicle, including:
    1. The make
    2. The model
    3. Year of manufacture
    4. Vehicle identification (serial) number
    5. For ambulances and ground vehicles: State ambulance license number and motor vehicle registration number and expiration date
    6. For Air ambulances: Current Federal Aviation Administration (FAA) registration number of each aircraft, airworthiness certificate number and expiration date.
  - D. Length of time each vehicle has been in use, the miles shown on the odometer.
  - E. Vehicle appearance: The color scheme, insignia, name(s), monogram and any other distinguishing characteristics of each vehicle. A photo clearly showing all items is acceptable.
  - F. A description of each vehicle's communications equipment, including radio frequencies.
  - G. The location and description of places from which the services are provided, including address and contact information.
  - H. A statement that the applicant has obtained and has all necessary licenses and permits required by federal and state laws and regulations for the type of service proposed.
  - I. The names and qualifications of each attendant and driver or pilot employed or to be employed in providing service. The applicant shall provide an up-to-date list of attendants, drivers, and pilots quarterly to the LEMSA.
  - J. Evidence of a currently valid California Highway Patrol inspection report for each ground ambulance vehicle listed in the application.
  - K. A description of the applicant's training and orientation programs for ambulance attendants, drivers, and for dispatchers.
  - L. A description of the applicant's quality management program.
  - M. Evidence of insurance coverage meeting the requirements of the County Risk Dept. A current



Certificate of Insurance shall be submitted.

- N. The ability of the applicant to provide service twenty-four (24) hours per day, seven (7) days per week, year-round.
- O. Facts relied on by the applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the provider permit.