



<b>FOR OFFICE USE ONLY</b>	
Received	_____
Paid	_____
New or Renewal	_____
Date Approved	_____

**Ambulance Service Permit Application Process**

**New Applicants:**

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, an Ambulance Service Permit will be mailed to the address on the application. Along with your Permit will be a letter regarding scheduling the inspection of your ambulances. 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.

**Current Permit Holders:**

The City of Houston will send a Permit Renewal Reminder to each EMS Provider before the Ambulance Service Permit expires. The reminder will be sent by U.S. Postal Service to the mailing address provided by the EMS Provider or fax. However, the absence of such a reminder does not in any way justify a company's failure to renew the Ambulance Service Permit in a timely manner. EMS Providers are strongly encouraged to keep the City of Houston updated about any changes within the company. When your application is approved, an Ambulance Service Permit will be mailed to the address on the application. Along with your Permit will be a letter with instructions regarding scheduling the inspection of your ambulances. Be sure when you present your ambulance for inspection, it is equipped 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. In order to ensure uninterrupted ambulance service operation, EMS Providers must 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 citations.

**All Applicants:**

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 consecutive months. 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 so as to be clearly visible from a following vehicle. Each ambulance unit decal will expire concurrently with the Ambulance Service Permit.

**CITY OF HOUSTON**  
**Department of Health and Human Services**  
**Emergency Medical Services Program**



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The following is an explanation of the items required for the company’s application:

- 1) Application complete, accurate and notarized. *Information must be typed or entered by computer and printed. Applications printed by hand will not be accepted. All required information must be complete before notarization takes place.*
- 2) Certificate of Auto Liability Insurance showing the City of Houston as a certificate holder or additional insured and coverage in compliance with Chapter 4, Section 15 of the City of Houston Code of Ordinances:  
  
*“Any person operating an ambulance service upon the streets of the city must secure a Permit thereof from the health officer. Such applicant shall provide evidence to the health officer that he (she) has in full force for such calendar year a public liability insurance policy on each ambulance, such insurance policy to be issued by an insurance company which is authorized by law to do business in the state. 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”.*
- 3) Copy of Medical Protocols in digital format. *Paper copies will no longer be accepted. Protocols must be provided on CD or disk and in a Microsoft Word or Adobe PDF format.*
- 4) Signature page for Medical Protocols with *original* signature from the Medical Director, effective date and expiration date. *This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies will not be accepted.*
- 5) Equipment and medication list with *original* signature from the Medical Director, effective date and expiration date. *This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies will not be accepted.*
- 6) Document showing EMS Provider is registered in Harris County as a legal business or Copy of Articles of Incorporation (if incorporated). *A copy of the incorporation papers or DBA is acceptable.*
- 7) Legible copies (both sides) of the *current* Texas Driver License, Texas DSHS certification and City of Houston Ambulance Driver Permit for each employee listed on the application. *Copies of Social Security cards, CPR cards or additional certifications are not required. You must have one employee that holds a current City of Houston Ambulance Drivers Permit for every ambulance you have listed on the application.*

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- 8) Legible copies of the *current* Texas Driver License for each person listed as the owner of the company
- 9) Non-refundable Application and Inspection fees with the application: *Made payable to the CITY OF HOUSTON only by 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.*
- 10) Application fee: \$ 500.00 if initial or \$ 200.00 if renewal application. *If 10 calendar days have passed since the current Ambulance Service Permit expiration date; you are required to pay the initial fee of \$500 as if applying as a new company. Submitting an incomplete application to avoid the additional cost of applying as a new company will not negate this requirement. Only completed applications will be accepted.*
- 11) Inspection fee: \$ 160.00 each ambulance. *The company must pay \$160 for each vehicle listed in the application including reserve ambulances.*
- 12) Copy of EMS Provider License issued by the Texas Department of State Health Services. *Provide a copy of your valid EMS Provider License from the Texas DSHS. The Houston office is located at:*

5425 Polk Avenue, Suite J, Houston, TX 77023-1497 Telephone (713) 767-3333

The City of Houston Ambulance Service Permit application may be downloaded in Microsoft Word or Adobe PDF file format from the following web address:

<http://www.houstontx.gov/health/EMS/index.html>

For additional information or to request an inspection, please use any of the following methods:

By mail: Houston Department of Health and Human Services  
Emergency Medical Services Program  
7411 Park Place Boulevard # 200  
Houston, TX 77087

By phone: (713) 640-4370, Fax: (713) 640-4342.

By E-mail: [ems.hdhhs@cityofhouston.net](mailto:ems.hdhhs@cityofhouston.net)



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**Ambulance Service Permit Application**

To the Department of Health and Human Services 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 \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 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 \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 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. # \_\_\_\_\_

State of Texas \_\_\_\_\_ §  
 County of Harris \_\_\_\_\_ §

\_\_\_\_\_  
 Signature of Claimant

Before me, a notary public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing application and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public Seal

\_\_\_\_\_  
 Notary Public Signature

**CITY OF HOUSTON**  
**Department of Health and Human Services**  
**Emergency Medical Services Program**



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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 Department of Health and Human Services to operate the following ambulance vehicles:

	Type	Year and Make	Vehicle ID Number	License Plate #	TDSHS Mini License #
1					
2					
3					
4					
5					
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7					
8					
9					
10					
11					
12					
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\_\_\_\_\_  
 EMS Provider Name

\_\_\_\_\_  
 Date

**CITY OF HOUSTON**  
**Department of Health and Human Services**  
**Emergency Medical Services Program**



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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 Department of Health and Human Services to staff its ambulances with the following employees:

	Employee Name Last, First	EMT Level	Texas Driver's License #	Daytime Telephone Number	Driver's Permit #
1					
2					
3					
4					
5					
6					
7					
8					
9					
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\_\_\_\_\_  
 EMS Provider Name

\_\_\_\_\_  
 Date



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### Required Paperwork Checklist

Please mark next to the item once it has been added to the application being submitted.

- Application complete, accurate and notarized. *Information must be typed or entered by computer and printed.*
- Certificate of Auto Liability Insurance showing City of Houston as a certificate holder or additional insured and coverage in compliance with Chapter 4, Section 15 of the City of Houston Code of Ordinances:
- Copy of Medical Protocols in digital format. *Paper copies will no longer be accepted.*
- Signature page for protocols with *original* signature from the Medical Director, effective date and expiration date.
- Equipment and medication list with *original* 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).
- Legible copies of *current* Texas Driver's License, Texas DSHS certification and City of Houston Ambulance Driver's Permit for each employee and owner listed on the application.
- Application fee: \$ 500.00 if initial or \$ 200.00 if renewal application. Payable by Company Check, Cashier's Check or Money Order. *Personal checks and cash will not be accepted.*
- Inspection fee: \$ 160.00 each ambulance. Payable by Company Check, Cashier's Check or Money Order. *Personal checks and cash will not be accepted.*
- Copy of EMS Provider License issued by the Texas Department of State Health Services.

### Important Notices

- Per City Ordinance Chapter 4, Sec 4-9 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
- Review changes to required equipment effective October 2009.



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### 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
- 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
- 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
- Free From Service Lights on Dash

### Sanitation & Protection

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

### 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 O<sub>2</sub> Main 2 Portable
- O<sub>2</sub> Devices Adult Child Infant
- Portable O<sub>2</sub> 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
- 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

**Reference: "Equipment for Ambulances April 2009" ACS·ACEP·NAEMSP**



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**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 Batteries
- Laryngoscope Blades Per Protocols
- E.T. Tubes Per Protocols with Stylet
- 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 Monitor/Defibrillator
- Electrodes and Gel
- Extra Paper
- Extra Batteries
- Combo Pads or Paddles
- MICU Protocols Signed