

EMS Agency Name:

Date of Inspection:

Agency No.

Approved Yes No

Follow Up Yes No

Rep Sign: _____



1041 Technology Park Drive
Glen Allen, VA 23059-4500
(800) 523-6019

APPLICATION FOR EMS AGENCY LICENSE

**PLEASE COMPLETE APPLICATION FORM IN ITS ENTIRETY
PRIOR TO TIME OF INSPECTION. IF YOU HAVE QUESTIONS,
PLEASE CONTACT YOUR PROGRAM REPRESENTATIVE.**

PLEASE COMPLETE ENTIRE APPLICATION

Agency Name: FIN #
 Agency No.: NPS #

Physical location of agency and directions from major route:

Number of stations: (Please attach a list of each station number, name, complete address and phone number)

Mailing Address:

 (Street Address)

 (City, State, Zip Code)

Shipping Address:

 (Street Address)

 (City, State, Zip Code)

Agency Telephone No.: Fax:

Agency E-mail Address:

Agency FIPS No.: Agency Web site:

Type of Application:

Please Select the Organizational Status and Type, all Classifications, and Description of Agency

Organizational Status: Description:
 Organizational Type: If Other describe:

- Classification:
- Non-Transport - BLS Emergency Ground Transport - BLS Neonatal Ambulance
 - Non-Transport - ALS Emergency Ground Transport - ALS Air Ambulance

Does agency utilize career EMS Personnel?
 If so, who are they employed by:

Types and no. of personnel:	<input type="text"/>	First Responder	<input type="text"/>	EMT-Paramedic
	<input type="text"/>	EMT-Basic	<input type="text"/>	Driver Only (EVOC)
	<input type="text"/>	EMT-Enhanced	<input type="text"/>	Support Personnel
	<input type="text"/>	EMT-Intermediate	<input type="text"/>	MD <input type="text"/> RN <input type="text"/>

Hours of Operation: 24 Hours Other

Month/Year agency established:

Month/Year agency began EMS operations:

- Agency is a member of:
- Virginia Association of Volunteer Rescue Squads
 - Virginia Ambulance Association
 - Virginia Governmental EMS Administrators

EMS TRANSPORTS:

Total no. of 911 calls/calendar year: EMS dispatch volume/calendar year:
 EMS Transport volume/calendar year: EMS contact volume/calendar year:
 Total service area (square miles): Total service area population:
 Are agency vehicles used by any other licensed agency?
 If yes, total number of calls other agencies utilize vehicles permitted to your EMS agency?

Vehicle insurer:
 Underwriter Policy Number Expiration Date
 No. of defibrillators: Manual Automated Combination

AGENCY OFFICIAL REPRESENTATIVE(S) OR OWNER(S)

CHIEF EXECUTIVE OFFICER:

Name: Title:
 (Last, First, Middle)
 Mailing Address:
 (Street Address)

 (City, State, Zip Code)
 Daytime Phone Number: Evening Phone Number:
 E-mail Address: SSN:

CHIEF OPERATIONAL OFFICER:

Name: Title:
 (Last, First, Middle)
 Mailing Address:
 (Street Address)

 (City, State, Zip Code)
 Daytime Phone Number: Evening Phone Number:
 E-mail Address: SSN:

VPHIB ADMINISTRATOR:

Name: Title:
 (Last, First, Middle)
 Mailing Address:
 (Street Address)

 (City, State, Zip Code)
 Daytime Phone Number: Evening Phone Number:
 E-mail Address:

AGENCY DESIGNATED INFECTION CONTROL OFFICER:

Name:
(Last, First, Middle)

Title:

Mailing Address:

(Street Address)

(City, State, Zip Code)

Daytime Phone Number:

Evening Phone Number:

E-mail Address:

TRAINING OFFICER:

Name:
(Last, First, Middle)

Title:

Mailing Address:

(Street Address)

(City, State, Zip Code)

Daytime Phone Number:

Evening Phone Number:

E-mail Address:

OPERATIONAL MEDICAL DIRECTORS:

- 1.
- 2.
- 3.

COMMUNICATIONS:

Dispatch facilities: Agency Central Dispatch (Specify)
 Other (Specify)
 Dispatch business telephone number:

FREQUENCIES:

Dispatch Frequencies: 1) TX PL RC PL
 Other Frequencies: 1) TX PL RC PL
 2) TX PL RC PL
 3) TX PL RC PL

Agency notified by:

Number of radios: Mobile Portables Paging

Emergency telephone number: 911 Other

Emergency telephone number listed for public:

Does dispatch prioritize or provide pre-arrival instructions?:

FCC license holder: Agency Local Government Other

If local government or other, written permission for use?:

FCC license expiration date:

EXTRICATION EQUIPMENT:

Is required equipment supplied by applicant agency?

If no, who is supplying the required equipment?

OTHER EQUIPMENT: (check all that apply)

Rescue/Crash Truck

Technical Rescue Vehicle/Trailer

Water Rescue Capability

Disaster/Mass Casualty Trailer

Haz Mat Response Vehicle/Trailer

Emergency Back-up Generator (on location)

Command/Communications Vehicle

AGENCY BILLING:

Does agency bill for service?

If yes, what year did agency begin billing?

Who is responsible for billing?

Agency

Vendor

Does agency have a billing Subscription Service?

VACCINE ADMINISTRATION PROGRAM:

Do you have a vaccination program?

If Yes:

List Virginia Immunization Information System (VIIS) number:

PROGRAM ADMINISTRATION:

Authorized Prescriber

Vaccine Administrator:

Name:

Title:

(Last, First, Middle)

Mailing Address:

(Street Address)

(City, State, Zip Code)

Daytime Phone Number:

Evening Phone Number:

E-mail Address:

AGENCY REPRESENTATIVE/OWNER SIGNATURE:

Name:

Date:

(Please print name)

I hereby affirm that the information on this application is true and correct and I realize that any fraudulent entry may be considered sufficient cause for rejection of agency application, and/or enforcement action.

(Please sign name)

Date: