

Submit application and all required attachments in duplicate, to the appropriate DOH Area Office. Incomplete applications will be returned.

<input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL Current expiration date _____		Check only one <input type="checkbox"/> Ambulance Service <input type="checkbox"/> ALS First Responder Service (non-transporting)	
Name of Service		Federal Employer ID No.	NYS EMS Agency Code
Physical Address of principal business location (street and no.)		Mailing Address (PO Box)	
City, Town, Village	State	Zip Code	County
Business Phone No.		Emergency Dispatch Phone No.	

Organizational Structure (check only one)

Proprietary Hospital Based Vol. Independent Industrial
 Vol. Fire Department Municipal/Government Other _____

Type of Ownership (check only one)

Individual Partnership Government Corporation

Name of Individual Owner, Partners or Government entity _____

If a corporation, give official corporate name
(Initial applications must include a certificate of incorporation and any DBA registration)

Corporation Name _____

AND list names and addresses of corporate officers:

President _____ Address _____ Phone _____
 Vice-President _____ Address _____ Phone _____
 Secretary _____ Address _____ Phone _____
 Treasurer _____ Address _____ Phone _____

Attach a list of any/all owner(s) of 10% or more stock

Chief Operating Officer (Captain, Operations Manager) Title _____ Work Phone No. _____ Home Phone No. _____

Tax District Is this organization funded by a tax district? Yes No Name of District _____

Name of Operator (if different from owner) _____ Business Phone No. _____

Address _____ City _____ State _____ Zip Code _____

Level of service (highest level approved by REMAC)

BLS (CFR/EMT) CFR-Defibrillation EMT-Defibrillation EMT-Intermediate EMT-Critical Care EMT-Paramedic

Medical Control Provided by _____ Phone No. _____

System Medical Director Address _____ City _____ State _____ Zip Code _____ Phone No. _____
 Service Medical Director Address _____ City _____ State _____ Zip Code _____ Phone No. _____

