



# PHARR FIRE DEPARTMENT

118 S. Cage • 3<sup>rd</sup> Floor • Pharr, TX 78577  
Office (956) 402-4400 • Fax (956) 475-3433

City License No.: _____
Expiration Date: _____
<b>FOR CITY USE ONLY</b>

Ambulance Provider License Fee: \$500.00  
Ambulance Provider License Term: 1 year

Permit Fee: \$150.00 up to ten (10) units/ambulances  
Term of Permit: Until Expiration of Ambulance License

## APPLICATION FOR AMBULANCE SERVICE 2018 WITHIN PHARR CITY LIMITS

THIS APPLICATION IS IN ACCORDANCE TO THE CITY OF PHARR, CODE OF ORDINANCES CHAPTER 50 Article III.

### §50-87 CITY LICENSE REQUIRED

It shall be unlawful for any person to engage in furnishing emergency or non-emergency service within the city by operating or driving or causing to be operated or driven an emergency or non-emergency ambulance upon the public streets of the city without first having obtained a license, which shall be prominently displayed on the rear driver side of the ambulance, as hereinafter provided.

§50-88 LICENSE APPLICATION	Please check:	Initial <input type="checkbox"/>	Amendment <input type="checkbox"/>	Supplement <input type="checkbox"/>
COMPANY & OWNER INFORMATION	DSHS State License #:		EXP. Date:	

**PLEASE WRITE LEGIBLY**

Company Name: _____	Owner's Name: _____
Physical Address: _____	Owner's Address: _____
City: _____ ST: _____ Zip: _____	City: _____ ST: _____ Zip: _____
Mailing Address: _____	Driver's License #: _____ ST: _____ DOB: _____
City: _____ ST: _____ Zip: _____	Owner's Phone No.: (_____) _____
Phone No.: (_____) _____	Owner's Email: _____
Fax No.: (_____) _____	Other Phone No.: (_____) _____

### Description of Vehicles to be used for Ambulance Services

<b>Vehicle 1</b>	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	City of Pharr Permit # _____
Ambulance Type: <input type="checkbox"/> Type I - Pick-up Chassis/Box <input type="checkbox"/> Type II - Van <input type="checkbox"/> Type III - Van w/box <input type="checkbox"/> Other: _____		
Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____		
Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____		
State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____		
<small>(Vehicle Inspection Report) available at <a href="http://www.mytxcar.com">www.mytxcar.com</a>      (DSHS certificate must be original at time of inspection)</small>		
Highest Level Designation: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU <small>(will be inspected at highest level of designation at time of inspection)</small>		

<b>Vehicle 2</b>	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	City of Pharr Permit # _____
Ambulance Type: <input type="checkbox"/> Type I - Pick-up Chassis/Box <input type="checkbox"/> Type II - Van <input type="checkbox"/> Type III - Van w/box <input type="checkbox"/> Other: _____		
Ambulance No.: _____ Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____		
Vehicle VIN # _____ License Plate No.: _____ Expiration Date: _____		
State VIR Expiration: _____ DSHS License Certificate # _____ Expiration Date: _____		
<small>(Vehicle Inspection Report) available at <a href="http://www.mytxcar.com">www.mytxcar.com</a>      (DSHS certificate must be original at time of inspection)</small>		
Highest Level Designation: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> MICU <small>(will be inspected at highest level of designation at time of inspection)</small>		

**Vehicle 3**     ADD     REMOVE    **City of Pharr Permit #** \_\_\_\_\_  
Ambulance Type:  Type I - Pick-up Chassis/Box     Type II – Van     Type III – Van w/box     Other: \_\_\_\_\_  
Ambulance No.: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State VIR Expiration: \_\_\_\_\_ DSHS License Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Vehicle Inspection Report) available at [www.mytxcar.com](http://www.mytxcar.com)    (DSHS certificate must be original at time of inspection)*  
Highest Level Designation:     BLS     ALS     MICU *(will be inspected at highest level of designation at time of inspection)*

**Vehicle 4**     ADD     REMOVE    **City of Pharr Permit #** \_\_\_\_\_  
Ambulance Type:  Type I - Pick-up Chassis/Box     Type II – Van     Type III – Van w/box     Other: \_\_\_\_\_  
Ambulance No.: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State VIR Expiration: \_\_\_\_\_ DSHS License Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Vehicle Inspection Report) available at [www.mytxcar.com](http://www.mytxcar.com)    (DSHS certificate must be original at time of inspection)*  
Highest Level Designation:     BLS     ALS     MICU *(will be inspected at highest level of designation at time of inspection)*

**Vehicle 5**     ADD     REMOVE    **City of Pharr Permit #** \_\_\_\_\_  
Ambulance Type:  Type I - Pick-up Chassis/Box     Type II – Van     Type III – Van w/box     Other: \_\_\_\_\_  
Ambulance No.: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State VIR Expiration: \_\_\_\_\_ DSHS License Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Vehicle Inspection Report) available at [www.mytxcar.com](http://www.mytxcar.com)    (DSHS certificate must be original at time of inspection)*  
Highest Level Designation:     BLS     ALS     MICU *(will be inspected at highest level of designation at time of inspection)*

**Vehicle 6**     ADD     REMOVE    **City of Pharr Permit #** \_\_\_\_\_  
Ambulance Type:  Type I - Pick-up Chassis/Box     Type II – Van     Type III – Van w/box     Other: \_\_\_\_\_  
Ambulance No.: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State VIR Expiration: \_\_\_\_\_ DSHS License Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Vehicle Inspection Report) available at [www.mytxcar.com](http://www.mytxcar.com)    (DSHS certificate must be original at time of inspection)*  
Highest Level Designation:     BLS     ALS     MICU *(will be inspected at highest level of designation at time of inspection)*

**Vehicle 7**     ADD     REMOVE    **City of Pharr Permit #** \_\_\_\_\_  
Ambulance Type:  Type I - Pick-up Chassis/Box     Type II – Van     Type III – Van w/box     Other: \_\_\_\_\_  
Ambulance No.: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Vehicle VIN # \_\_\_\_\_ License Plate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State VIR Expiration: \_\_\_\_\_ DSHS License Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Vehicle Inspection Report) available at [www.mytxcar.com](http://www.mytxcar.com)    (DSHS certificate must be original at time of inspection)*  
Highest Level Designation:     BLS     ALS     MICU *(will be inspected at highest level of designation at time of inspection)*



**ALL DOCUMENTS MUST BE PRINTED BY THE PROVIDER AND SUBMITTED WITH INITIAL APPLICATION**

**Medical Equipment & Documents**

- Provide an **EXCEL SPREADSHEET FILE** of your Minimum supply list (For our records); **MINIMUMS SUPPLY LIST MUST BE CATEGORIZED \*NO EXCEPTIONS\***
- Provide a COPY of DSHS Provider Application
- Provide a complete copy of the Protocol Book to include the minimums supply list with medical director’s signatures, effective date, and expiration date. It must be submitted in electronic (PDF) single file format and must be exactly as what is carried in the vehicles. No single separate files will be accepted. No other files or documents should be on the CD or USB drive. It should only have the Protocol Book (PDF) & Minimums Supply List in Excel or similar format.

**Biohazards**

- Please provide a copy of your Biohazards contract for our records.
- Biohazards contract must have a current and valid date or include length of contract and/or terms.
- A recent ‘PAID’ invoice/receipt from the biohazards company dated within the last 30 days is acceptable.

**Personnel Information**

- Attach a list of all Company Personnel Information (all personnel employed by the company and not limited to certified EMS personnel)
- It must include but not limited to: Employee Full Name, Date of Birth, Driver’s License Number and Expiration Date, DSHS Personnel ID Number and Expiration Date as required and maintained by state law.

**Ambulance Service Insurance Information & Insurance Provisions**

- Attach a copy of every insurance policy or other proof of financial responsibility covering any **vehicle** owned or operated by the applicant for any liability imposed on such owner or operator, regardless of whether the vehicle is being driven by an employee, agent or lessee.
- Coverage shall be in at least the following amounts:
  - Liability for injury to any one person, \$1,000,000
  - Liability arising out of one occurrence, for injury to one or more persons arising out of one occurrence, \$1,000,000
  - Property damage, per occurrence, \$1,000,000
  - Malpractice for injury to any one person, \$1,000,000
- Any change in the insurance information shall be reported within five (5) working days after the change occurs. The City of Pharr to be named as ‘Certificate Holder’.

**APPLICATION SUBMISSION**

- Applications will not be accepted incomplete
- A copy of this application, the Policies and Procedures Manual, Pharr Ambulance Ordinance, and City of Pharr’s Inspection Report Form used to conduct inspections is available for review at [www.pharr-tx.gov](http://www.pharr-tx.gov)
- Inspections are conducted by **appointment only and upon availability Monday to Friday from 8:30 am – 11am & 2pm – 4 pm**; payment must be received prior to scheduling. **\*Note: Inspector will adhere Permits at time & location of Inspection\***

\_\_\_\_ I understand that any change in the information required in a license application or a renewal thereof shall be reported by licensee to the Fire Chief’s Designee within five (5) working days after the change occurs.  
(Initials)

\_\_\_\_ I have received a copy of the Ambulance Ordinance and the most recent Policies and Procedures Manual.  
(Initials)

**FAILURE TO COMPLY WITH ANY PROVISIONS WILL RESULT IN SUSPENSION AND/OR REVOCATION OF YOUR CITY OF PHARR AMBULANCE LICENSE AND/OR PERMITS**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date