

CITY OF RIVERSIDE
Application for Medical Transport Ambulance Permit

Subject to limited exceptions, Section 5.66.020 of the Riverside Municipal Code mandates that it shall be unlawful for any person, either as owner, agent or otherwise, to operate, conduct, maintain, advertise or be engaged in or profess to be engaged in the operation of ambulance services in the City, except in conformance with a valid permit to do so granted by the Ambulance Administrator. Pursuant to Section 5.66.040, prerequisites to the granting of a permit or an extended term of an existing permit to an applicant shall include the filing with the administrator of an application.

Chapter 5.66 of the Riverside Municipal Code governing Ambulances may be found online at <http://www.riversideca.gov/municode/pdf/05/5-66.pdf>.

APPLICATION FEE: The fee of \$1,858.00 is required with any medical transport ambulance permit application. Payment must be made at the time of submittal with the City of Riverside as the payee. Per Resolution 22904, adopted September 8, 2015.

INSTRUCTIONS: Please type or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered. Reference to any attachments/exhibits must be clearly identified in this application and properly labeled.

_____ **New Application** _____ **Renewal** _____ **Amendment**

SECTION A – PLEASE FULLY ANSWER THE FOLLOWING QUESTIONS

1. Name and description of applicant:

2. Business address and residence address of record of the applicant:

3. Trade or firm name, or DBA as recorded:

4. If a corporation, a joint venture or a partnership or limited partnership, the names of all corporate officers, joint ventures or partners, including limited partners, and their permanent addresses and their percentage of participation in the business:

5. For new applicants only, please provide a statement of facts explaining the past experience of the applicant in the operation of an ambulance service, including the levels of service provided, and showing that the applicant is qualified to render efficient twenty-four-hour ambulance service:

6. Describe in detail the geographical operating area within the City for which the permit is requested:

7. List the level or levels of service which the applicant proposes to provide:

8a. Does applicant own or will have under applicant's control all equipment required to conduct an ambulance service competently in the operating area for which you are or propose to be permitted, which meet the requirements established by the California Vehicle Code if applicable?

____ YES ____ NO

8b. Does applicant own or have access to suitable and safe facilities for maintaining your ambulance service in a clean, sanitary and mechanically sound condition?

____ YES ____ NO

If "YES", list each location for maintaining ambulances:

9. List each ambulance vehicle operated by the applicant, including the patient capacity thereof, which list shall be promptly amended as required from time to time for any changed, substituted, loaned or leased vehicles.

13. List a proposed schedule of rates to be charged by the applicant for ambulance services:

14. Have any ambulances operated by applicant been taken out of service for safety or other reasons by the California Highway Patrol, any other California law enforcement agency, or any governmental agency?

___ YES ___ NO

If "YES", please explain:

15. Has applicant, or any partner, officer, or director of applicant thereof, been previously the holder of a franchise or permit granted by the Council or Ambulance Administrator which was revoked or not extended?

___ YES ___ NO

If "YES", please explain and describe if the circumstances upon which the revocation or non-extension was based have not been corrected:

16. Has applicant, or any partner, officer, or director of applicant thereof, committed any act involving dishonesty, fraud, or deceit whereby another person was injured or the applicant has unjustly benefited?

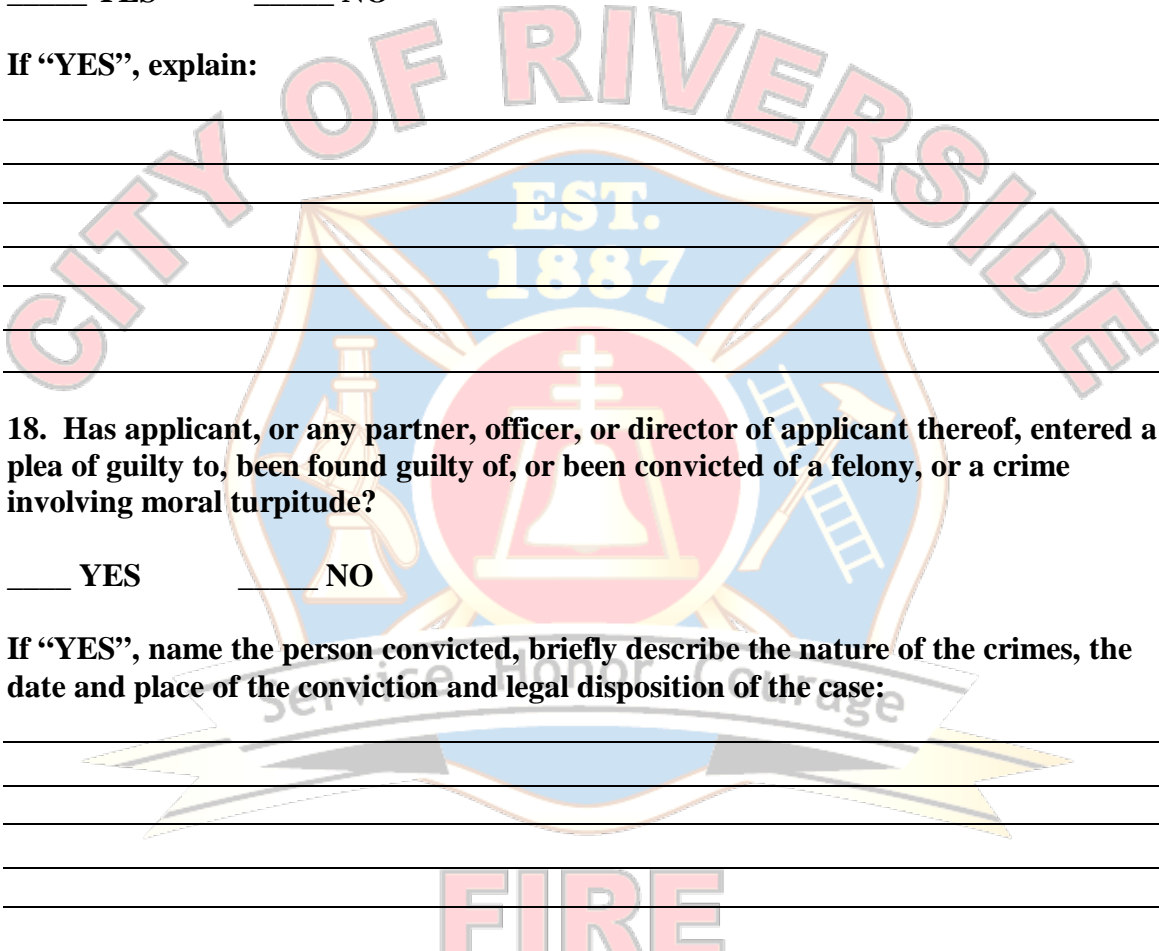
___ YES ___ NO

If "YES", please explain:

17. Has applicant, or any partner, officer, or director of applicant thereof, provided or is applicant currently providing ambulance service within the City without having a permit therefore as required by this chapter?

YES NO

If "YES", explain:



18. Has applicant, or any partner, officer, or director of applicant thereof, entered a plea of guilty to, been found guilty of, or been convicted of a felony, or a crime involving moral turpitude?

YES NO

If "YES", name the person convicted, briefly describe the nature of the crimes, the date and place of the conviction and legal disposition of the case:

19. Has applicant received any customer service complaints (any expression of dissatisfaction, whether oral or written, and whether justified or not, from or on behalf of a complainant about the applicant’s provision of, or failure to provide, ambulance service) in the past 24 months?

___ YES ___ NO

If “YES”, please explain:

20. Describe all vehicular accidents involving applicant’s ambulances in the past 24 months?

21. Describe all occurrences in the past 24 months that involved failures of equipment or vehicles that occurred during patient delivery.

NOTE: The City reserves the right to request additional information as it may deem necessary to make a determination on the application for an ambulance franchise.

**SECTION B – PLEASE ATTACH THE FOLLOWING DOCUMENTS
TO THIS APPLICATION**

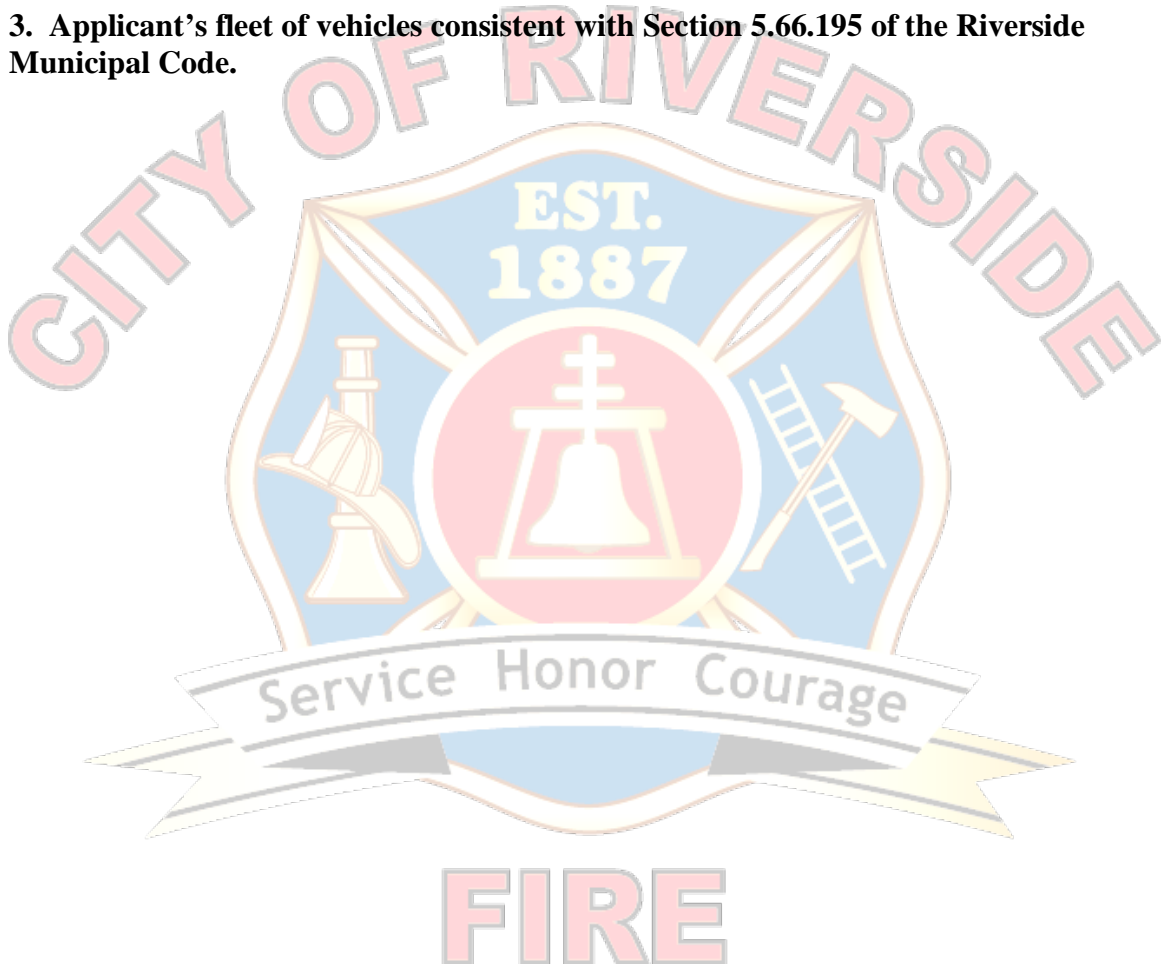
- 1. A photocopy of the license(s), if any, issued by the Commissioner of the California Highway Patrol to the applicant in accordance with § 2501, California Vehicle Code and Title 13, California Code of Regulations.**
- 2. Verification of current accreditation with the Commission on Accreditation of Ambulance Services (“CAAS”).**
- 3. A copy of the most recent Ambulance Inspection Report, if any, issued by the California Highway Patrol and County of Riverside for each vehicle identified in Question # 9 above.**
- 4. A copy of motor vehicle inspection and maintenance program, if any.**
- 5. A copy of mutual aid policies and provide a list of mutual aid agreements/providers, if any.**
- 6. A copy of response time reports for the last two years that identify when the request for service was received, the time the unit was promised/requested, and the actual time the unit arrived at scene.**
- 7. A copy of the preventive maintenance program for vehicles and durable medical equipment, if any.**

NOTE: All applicants must have a valid Business Tax Certificate issued by the City to conduct business in the City of Riverside in addition to a permit. A Business Tax Certificate may be obtained from Business Tax Section in City Hall after the permit has been approved.

NOTE: All applicants are required to have insurance coverage which meets the requirements of the City. Applicant shall submit to the City’s Risk Manager evidence of insurance coverage as required by Section 5.66.060(E) before the permit can be issued.

SECTION C – PLEASE HAVE AVAILABLE FOR REVIEW

- 1. A copy of each certificate or license issued by the State, County, or local EMS Agency establishing qualifications of such personnel in ambulance operations identified above in Section A, Question 12.**
- 2. A photocopy of a valid DMV license for each personnel in ambulance operations identified above in Section A, Question 12.**
- 3. Applicant’s fleet of vehicles consistent with Section 5.66.195 of the Riverside Municipal Code.**



DECLARATION UNDER PENALTY OF PERJURY

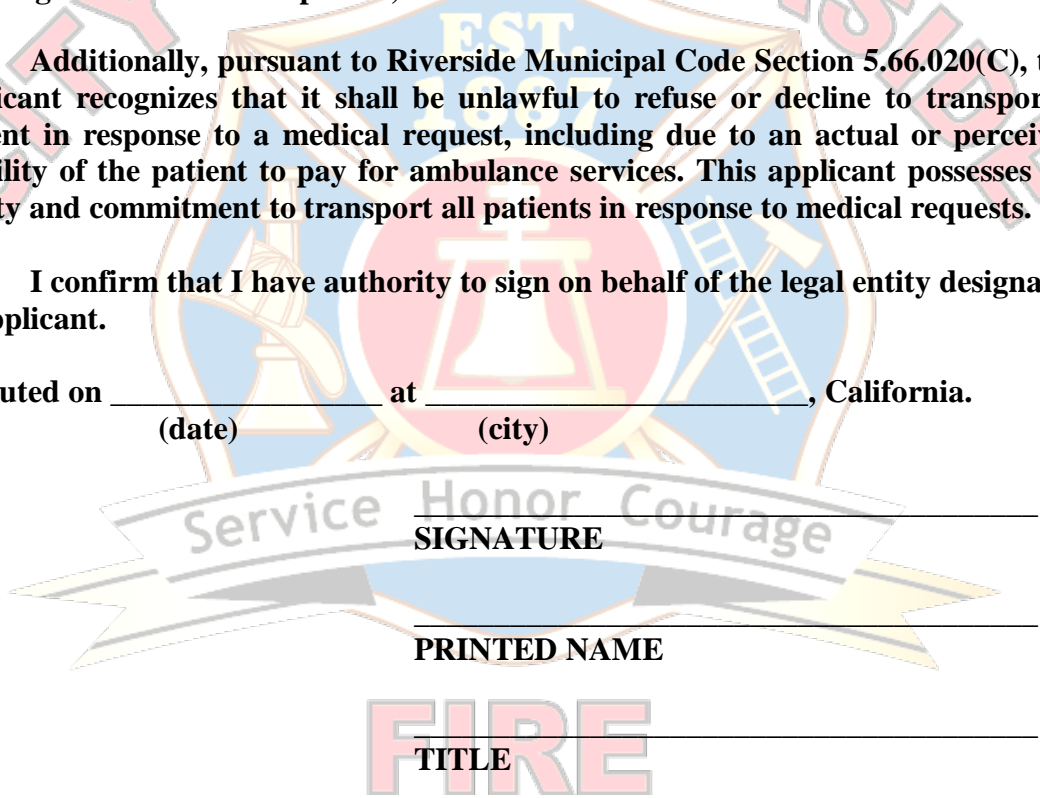
I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application that the applicant agrees to meet the requirements of the Riverside Municipal Code if the permit is granted by the Ambulance Administrator.

As a condition of the Ambulance Administrator’s granting a permit, applicant hereby agrees that it will appear in and defend all actions against the City and Council arising out of the exercise of the permit, and shall indemnify, defend, and save the City and its officers, employees and agents harmless of and from all claims, demands, actions, or causes of action of every kind and description resulting directly or indirectly from, arising out of, or in any way connected with, the granting or exercise of the permit, unless this would create a conflict of interest.

Additionally, pursuant to Riverside Municipal Code Section 5.66.020(C), this applicant recognizes that it shall be unlawful to refuse or decline to transport a patient in response to a medical request, including due to an actual or perceived inability of the patient to pay for ambulance services. This applicant possesses the ability and commitment to transport all patients in response to medical requests.

I confirm that I have authority to sign on behalf of the legal entity designated as applicant.

Executed on _____ at _____, California.
(date) (city)



Submit application and all attachments, including certificate of insurance, and a check or money order payable to the City of Riverside to:

Fire Chief
City of Riverside Fire Department
3401 University Avenue
Riverside, CA 92501

Please direct any questions to (951) 826-5321.