



Ambulance Service Permit Application Process

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 Sticker** will be mailed to the address on the application. Upon receipt, this Permit Sticker shall be placed on the permitted ambulance and remain on that vehicle while operating within the city limits of Sherman, Texas. A permit is required to transport patients from any location within Sherman. A permit is not required to transport patients from a location outside the City Limits to a Sherman location. A permit is not required for TDSHS permitted fixed or rotor wing air medical units.

The Permit is valid for one calendar year and must be renewed each year. To avoid a delay in renewal or risk operation of an unpermitted vehicle, please make application for renewal by December 31th each year. Permit fees will be pro-rated based on month of issue.

The City of Sherman is the sole provider of Emergency Ambulance Service within the City Limits of Sherman, Texas. This Ambulance Permit provides for Nonemergency Ambulance and Patient Transfer Service except as specifically permitted in (3) below.

AMBULANCE PERMIT APPLICATION

Vehicles and personnel must be licensed by the Texas Department of State Health Services and each ambulance service shall:

- (1) be available to provide ambulance service Monday through Friday 24 hours a day; and
- (2) have a working, publicly-listed telephone that must be physically answered by the permit holder or an employee 24 hours a day; and
- (3) be available to provide back-up 911 service upon the request of the fire chief. Back-up 911 service shall be at the MICU level; and
- (4) not operate using emergency lights or siren within the City of Sherman, Texas without providing notification to the City of Sherman Fire Department dispatch center at 903-892-7290.

The permit holder shall provide the Fire Chief with not less than 10 days' written notice prior to any change in the business address or telephone number of the private ambulance service.

The permit holder shall comply with the terms and conditions of the application, lawful orders of the Fire Chief, rules and regulations established under this application, and other city ordinances and state and federal laws applicable to the operation of a private ambulance service.

While driving or acting as an attendant on an ambulance within the city, the permit holder shall comply with the terms and conditions of the application, rules and regulations established under this application, other city ordinances and state and federal laws applicable to the operation of a motor vehicle and applicable to emergency medical services personnel, lawful orders of the Fire Chief, and orders issued by the ambulance service employing the permit holder in connection with the service discharge of duties under the permit and this application.

The ambulance service permit holder shall establish policy and take action to discourage, prevent, or correct violations of this application by ambulance personnel who are employed by the service.

The ambulance service permit holder shall not allow any ambulance personnel employed by the service to operate a ambulance within the city if the permit holder knows or has reasonable cause to suspect that the ambulance personnel has failed to comply with this application, rules and regulations established by the Fire Chief, or other applicable law.

The permit holder shall procure and keep in full force and effect automobile liability insurance, malpractice insurance, and commercial general liability insurance written by an insurance company approved by the State of Texas and acceptable to the city and issued in the standard form approved by the Texas Department of Insurance. All provisions of the policies must be acceptable to the city. The insured provisions of each policy must name the city and its officers and employees as additional insured's, and the coverage provisions must provide coverage for any loss or damage that may arise to any person or property by reason of the operation of an ambulance service by the permit holder.

The automobile liability insurance must provide combined single limits of liability for bodily injury and property damage of not less than \$500,000 for each occurrence, or the equivalent, for each ambulance used by the permit holder, with a maximum deductible not to exceed the amount allowed by the Texas Safety Responsibility Act (6701h, Vernon's Texas Civil Statutes), as amended. The insurance must include uninsured and underinsured motorist coverage in amounts of not less than \$100,000 per person and \$300,000 per accident for bodily injury and \$100,000 per accident for property damage, or the equivalent. Aggregate limits of liability are prohibited.

The malpractice insurance must provide limits of liability of not less than \$1,000,000 for each claim, or the equivalent.

The commercial general liability insurance must be broad form and provide limits of liability for bodily injury and property damage of not less than \$1,000,000 combined single limit, or the equivalent.

Applicant must provide:

Submissions must be provided on a USB Thumb drive. Files should list Permit Holder Name and attachment title.

1. A statement of the nature and character of the service that the applicant proposes to provide, the facts showing the demand for the service, the experience that the applicant has had in providing such service, and the time period, if any, that the applicant provided such service within the city;
2. An identification and description of any revocation or suspension of a private ambulance service license held by the applicant or business before the date of filing the application;
3. The number and description of vehicles to be operated in the proposed service, including the year, make, model, vehicle identification number, and state license plate number and Texas Department of State Health Service Vehicle Authorization Number of each ambulance. As additional vehicles are permitted during the calendar year, this list shall be updated;
4. Documentary evidence from an insurance company indicating a willingness to provide insurance as required by this article;
5. Documentary evidence of payment of ad valorem taxes owed on the real and personal property to be used in connection with the operation of the proposed service if the business establishment is located in the city;
6. A list, to be current at all times, of the owners and management personnel of the ambulance service and of all employees who will participate in ambulance service, including names, level of certification and TDSHS Certification Number;
7. A list of any claims or judgments against the applicant, other owners or management personnel, or employees for damages resulting from the negligent operation of an ambulance or any other vehicle;
8. Provide name and address of Medical Director;
9. Proof of a license from the Texas Department of State Health Services to operate as an emergency medical services provider; and
10. Copy of Delegated Orders (Medical Protocol)

**City of Sherman Ambulance Permit Application
Non-Refundable Application Fee - \$100.00**

Applicant Information

Name

Address

City State Zip

Telephone Number

Trade name under which
the applicant does business

Street Address

City State Zip

Telephone number of the business

Form of business of the applicant

Sole Proprietorship

Partnership

Corporation

Association

TDSHS Company License Number

Initial Application

Renewal

Addendum, Vehicles

Addendum, Personnel

Approved.

Permit Number

Permit Fee Paid Amount

Ambulance Permit Application
Permit Fee - \$100.00 per vehicle

Permitted Vehicles
Issued January Each Year.

Unit Number	Year	Make	VIN	License Plate	TDSHS Vehicle Document Number	Permit Number (by City)

Total Permit Fee

Additional Units may be permitted and will be pro-rated by month of permit.

