



TEXAS DEPARTMENT OF
STATE HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
EMS PROVIDER LICENSE APPLICATION
Revised 08/01/2014

DSHS USE Only: ZZ100-160

This application and the appropriate fee should be submitted to EMS Austin.

For the appropriate cover sheet and mailing instructions, see <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>.

Type of license being requested: Initial License Renewal License-EMS Provider License # _____

Name of Legal Entity or Person Applying For License:				Federal Tax ID:
Entity Assumed or Operating Name :				
Mailing Address:		Street Address:		
City, State, Zip:		City, State, Zip:		
County:		County:		
Administrative Telephone:		Dispatch Telephone:		
Administrative Fax:		Dispatch Fax:		
Administrator of Record Name:		Telephone:		
Administrator's License #:		Fax:		
E-mail Address:				
Medical Director's Name:		Telephone:		
Medical Director's License#		Fax:		
E-mail Address:				

LICENSE FEES – SUBMIT WITH APPROPRIATE COVER SHEET

Application Fee-Initial: \$500 per provider + \$180 per vehicle (nonrefundable).

Application Fee-Renewal: \$510 per provider + \$180 per vehicle (nonrefundable).

For renewal fees and additional renewal instructions, see <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>.

Fee exemption: Provider is staffed with at least 75% volunteer personnel, has no more than five full-time staff, and is IRS 501(c)(3).

Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES Total Amount: \$ _____ Fee Exempt

Total Number of Vehicles:	Total Authorizations Requested At Each Level:					
	BLS:		ALS:		MICU Air Rotor-Wing:	
	BLS with ALS Capability:		ALS with MICU Capability:		MICU Air Fixed-Wing:	
	BLS with MICU Capability:		MICU:		Specialized:	

On behalf of the above named legal entity, to the Texas Department of State Health Services, I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of license. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157.

Signature of Authorized Agent/Applicant: _____ Date: _____

Printed Name of Person Signing Form _____ Title _____

PRIVACY NOTIFICATION

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With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)