



This application and the appropriate fee and supplemental documents should be submitted to EMS Certification and Licensing Group in Austin. For the appropriate cover sheet and general mailing instructions, see <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>.

Initial Applicant Renewal Applicant (Please Use Online Service Application)

Name of Legal Entity or Person Applying for License:			Federal Tax ID (FEIN): (9 Digits xx-xxxxxxx)
Entity Assumed or Operating Name:			
Mailing Address:			
City, County, State, Zip:			
CEO/Owner Name	Telephone: (include area code)		
Email Address:			
Administrator of Record Name:	Telephone: (include area code)		
E-mail Address:			
Medical Director's Name:	Telephone: (include area code)		
Medical Director's License#:			
E-mail Address:			

Application Fee-Initial: \$500 per application plus \$180 per vehicle (nonrefundable).

Make Payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES EMS FUND ZZ100-160

Total Amount: \$ _____ Total Number of vehicles to be operated: _____

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).

On behalf of the above named legal entity, I hereby affirm and declare I am authorized to make this Emergency Medical Services Provider application and/or declaration and all information submitted on this form and any supplemental documents are true and correct. I attest and understand the legal entity and I are accountable and responsible for the accuracy of all answers and statements on this form. I attest the legal entity listed on this form meets all requirements for the type of license requested. Further, I understand it is a Class A misdemeanor violation of Texas Penal Code Sec. 37.10 to submit a false statement to a governmental agency. I have read and understand Health and Safety Code Chapter 773 and Texas Administrative Code Title 25, Chapter 157, and agree to adhere to those statutes rules, and all other applicable statutes and rules.

Signature of Administrator of Record

Signature of CEO/Owner

Printed Name of Administrator of Record Date

Printed Name of CEO/Owner

Date

PRIVACY NOTIFICATION

Publication #: F01-13067 - Electronic Publication #: EF01-13067

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)