



TEXAS DEPARTMENT OF  
STATE HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES



**List of Station Locations**

Revised 8/27/2015

**Submit the completed form to the appropriate address and with the appropriate cover sheet, posted at:**  
<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>:

As per 25 TAC, §157.11 an EMS Provider is required to provide a list of all station locations with address and telephone and facsimile transmission numbers for each station. Complete for all locations/stations where in service ambulances are housed. A list of station locations may be submitted without this form if all information requested below is provided for each station. Print additional pages if needed

**Fax Number: 512-834-6714 Email: [EMSCert@dshs.state.tx.us](mailto:EMSCert@dshs.state.tx.us)**

Name of Legal Entity: _____ License ID # _____
Entity Assumed Name: _____

Station Title: _____ Number of units at location _____
Physical Address of Station _____ City _____ State _____ Zip _____
County _____ Phone # _____ Fax # _____

Station Title: _____ Number of units at location _____
Physical Address of Station _____ City _____ State _____ Zip _____
County _____ Phone # _____ Fax # _____

Station Title: _____ Number of units at location _____
Physical Address of Station _____ City _____ State _____ Zip _____
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Station Title: _____ Number of units at location _____
Physical Address of Station _____ City _____ State _____ Zip _____
County _____ Phone # _____ Fax # _____

**Privacy Notification:** With a few exceptions, you have the right to request and be informed about information the State of Texas collect 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 more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023 and 559.004)