

MULTI-COUNTY AMBULANCE LICENSING INSPECTION PRE-INSPECTION CHECKLIST

Prior to inspection, the following items must be completed and returned to each county representative no less than 30 days before the date of license expiration. **NOTE: Original Documentation is REQUIRED:**

- _____ 1. **Application** for Ambulance Service License. Applicant and Medical Director signatures must be notarized.
- _____ 2. **Name & address** of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- _____ 3. **Certificate of Motor Vehicle Condition Form** (completed for each vehicle and within 60 days of application submission)
 - A. In order to assure patient and crew safety, all ambulances must be manufactured by an organization registered with the National Highway Traffic Safety Administration (NHSTA) as a final stage manufacturer. 6CCR 1015-3 3.3.1H
- _____ 4. **Certificate of Insurance** showing the required liability coverage:
 - A. **Statutory Worker’s Compensation Insurance**
Any amount
 - B. **Public Liability, Property Damage, Bodily Injury**

Each person	\$ 1,000,000
Each accident	\$ 2,000,000
 - C. **Property Damage**

Each accident	\$ 1,000,000
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 - D. **Professional Liability**

Each person	\$ 1,000,000
Each accident	\$ 2,000,000

(Do not send the Evidence of Insurance card that is normally kept in the glove box)

- _____ 5. **Drug list** approved by the Medical Director/sponsor for use in the field (**signed and dated** by Medical Director)
- _____ 6. **List of personnel** providing ambulance service (please list all levels of state certified EMT’s, the respective expiration dates and for the personnel that are **ONLY** ambulance drivers, please provide the drivers name and license expiration date only. No driver’s license numbers please.)
- _____ 7. **List of current ambulances** including year, make, type, patient capacity for each vehicle
- _____ 8. **List of locations** (central & sub-station), where ambulances will be located. Attach zoning authorization if appropriate.
- _____ 9. **Map of service area**
- _____ 10. **Check(s) or money order(s)** for the fees to the appropriate county.

When all of the paperwork and fees are received and approved by the appropriate counties, the Ambulance Inspector will be contacted. The Inspector will contact the ambulance company to schedule the inspection.

PLEASE ALLOW 10 BUSINESS DAYS FOR APPLICATION REVIEW

Adams	Arapahoe	Boulder	Broomfield	Douglas	Elbert	Jefferson
720.322.1401	720.874.3804	303.441.3637	720.887.2220	303.660.7589	303.805.6132	303.271.8398
Per unit cost	Per unit cost	Per unit cost	Per unit cost	Per unit cost	Per unit cost	Per unit cost
\$125	\$125	\$125	\$125	\$125	\$125	\$125
Failed, Follow-up or Re-Inspection Fee Per Unit Cost an additional \$50						