



2024 Private Ambulance Service Initial and Renewal Application

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. Applications that are pending corrections for more than 2 weeks will be rejected and returned to the company. When your application is complete you will be contacted about how to schedule your decal inspections. Permits will be valid for 12 months from the expiration of your last permit. EMS Providers are encouraged to submit renewal applications 30 days prior to the Ambulance Service Permit expiration date. Applications are accepted up to 60 days prior to the expiration of your current permit.

2024 Ambulance Service Permit Checklist

For your application to be approved **ALL** boxes must be checked

- Non-refundable application and decal fees with the application: Made payable to the City of Houston only by personal check, company check (with pre-printed company name, address, and telephone number), cashier's check, money order, or walk in credit card (Master Card, Visa or Discover).

2024 EMS Fee Schedule			
	Unit Fee	Admin Fee	Total
EMS Driver Permit	\$128.66	\$32.16	\$160.82
EMS Initial Company Permit	\$1,286.66	\$32.16	\$1,318.82
EMS Renewal Company Permit	\$1,029.28	\$32.16	\$1,061.44
EMS Ambulance Decal	\$353.81	\$32.16	\$385.97

- Application Main Page, and Company Operation Sheet, complete and accurate.
- Affidavit of Ambulance Service Manager Acknowledgement, accurate and notarized.
- Current copies of driver license for each person listed as the owner of the company. Current copy of driver license for the individual who signed the Affidavit of Ambulance Service Manager Acknowledgement. Photos and text must be clear.
- Copy of full Medical Protocols in digital format. Protocols must be current and provided on CD or USB Drive and in a Microsoft Word or Adobe PDF format.
- Signature page for Medical Protocols with signature from the Medical Director, effective date and expiration date. Must be pen to paper signature. No electronic signatures or printed copies will be accepted.
- Equipment and medication list from protocols with signature from the Medical Director, effective date and expiration date. Must be pen to paper signature. No electronic signatures or printed copies will be accepted.





- Anaphylaxis/Epi training paperwork, if your protocol lists epinephrine kits and not Epi pens in your BLS capable units and you staff EMT-B employees. The following training paperwork must be provided:
 - A copy of the course outline used for the Epinephrine injection training approved by the Medical Director and a copy of certificates or paperwork showing the completion of the course by each employee.
- Document showing EMS Provider is registered as a legal business ex. copy of Articles of Incorporation, Certificate of Formation.
- Current copies of Texas driver license, Texas DSHS certification and City of Houston ambulance driver permit for each employee listed on the application. Photos and text must be clear.
 - You must have at least two employees for each ambulance you are permitting.
 - State EMS certification status can be printed from the TDSHS website.
 - You must have enough employees which hold a current City of Houston ambulance driver permit to operate all your ambulances legally. Example: If you are permitting 5 ambulances you must have at least 5 employees with City of Houston driver permits.
 - A current digital photograph of employees may be requested if the Texas Driver's license photo is not current and clear.
- Copy of each vehicle authorization license issued by the Texas Department of State Health Services. Document submitted must be a clear scan (no photographs). *This is the document posted in the patient compartment of each ambulance as required by state law.*
- Certificate of auto liability insurance
 - Must show the City of Houston as a certificate holder or additional insured. In the box labeled "Certificate Holder" the text must read: Houston Health Department – EMS Program 7427 Park Place Blvd Houston, TX 77087
 - Must have the VIN of each ambulance you wish to permit listed on your certificate of auto liability Insurance as covered. List VINs in the "Description of Operations" box.
 - Insurance coverage must be in compliance with Chapter 4, Section 15 of the City of Houston Code of Ordinances:

"Such policy shall provide liability insurance in the amount of not less than fifty thousand dollars (\$50,000.00) for any one accident and not less than twenty-five thousand (\$25,000.00) for injury to any one person. Such insurance policy shall not contain passenger liability exclusion. Each policy shall contain a provision obligating the insurer to give to the health officer written notice of cancellation not less than ten (10) days prior to the date of any cancellation"





Ambulance Service Fact Sheet

Please read, this fact sheet is referenced in Affidavit of Ambulance Service Operator Acknowledgement. This information will aide in preventing enforcement. This fact sheet should not be interpreted as being all inclusive of the laws ambulance service providers are held to by the City of Houston Chapter 4 Ordinance. Submission of a permit application is an acknowledgment of, and agreement to all of the following.

Company Ambulance Permit

- Ambulance service permit applications are processed as quickly as possible, missing information will slow down the approval process. To have time to bring all company ambulances in for their decal inspections before the decals expire it is advised to apply 30 days prior to the current expiration of the company permit.
- The company will not have a current ambulance service permit until at least one ambulance passes inspection and receives its decal.
- If the company sells any ambulance(s) or go out of business notify the EMS Program immediately and surrender any decals and permits. It is highly encouraged companies remove the company name, logos, and TDSHS provider number from any ambulances being sold.

Ambulance Driver Permit

- When driving an ambulance in the City of Houston you must have an ambulance driver permit. This applies to transports that originated from outside of the City limits as well. No grace period is given for expired ambulance driver permits.
- HFD employees, employees of any other fire department, or employees of 911 service providers are not exempt from obtaining a City of Houston ambulance driver permit when driving a private ambulance within the City of Houston.

Spot Inspections

- In the field ambulances are subject to spot inspections by City of Houston health officers. Refusing a spot inspection will result in enforcement action.
- Ambulance drivers must carry on them their City of Houston ambulance driver's permit, State EMS certification, and driver's license when driving an ambulance in the City of Houston. Failure to present a valid driver's permit to the health officer will result in enforcement action.
- Ambulance attendants must carry on them their State EMS certification and driver license or government issued ID when working on an ambulance in the City of Houston.
- Refusal to provide identification and credentials during a spot inspection will result in enforcement action and a TDSHS complaint being submit.

Company Permit and Decals

- Operating an ambulance in the City of Houston without a valid decal affixed to the ambulance by a health officer will result in enforcement action. This does not exclude ambulances that have had their decals paid for or are scheduled to be inspected. The ambulance must pass inspection and receive its decal before it can be legally operated. No grace period is given for expired permits or decals.





- All decal inspections including re-inspections must be scheduled by calling (832) 393-5740 to reserve an appointment time.
- If you have a backup ambulance you plan to operate for any reason, that ambulance is required to obtain a City of Houston decal prior to being operated in the City of Houston
- When adding an ambulance to your permit all required paperwork must be turned in and the decal payment must be made prior to beginning the inspection.
- Decals are nontransferable between ownerships and ambulances.
- Duplicating, forging, swapping, moving, or any other action which alters the validity of a Houston Health Department decal can result in enforcement action up to and including felony level charges.
- If a City of Houston ambulance decal assigned to one of your ambulances is damaged, obscured, or for any reason becomes detached or is otherwise no longer properly affixed to the rear window of the ambulance, you must contact the EMS Program (832-393-5603) to exchange the old decal for a new one immediately.

Operations

- Providing emergency ambulance service is solely a Houston Fire department responsibility.
- HFD should only be called in the event of an emergency. Ambulance companies must staff and equip their ambulances to move their patients. Calling HFD for assistance because your ambulance does not have the proper equipment and crew members to move your patient could result in enforcement action. When needed companies must request additional staff or equipment from their company or another private company.
- EMS Providers are required to obtain permission from the Houston Fire Department Dispatcher before running Emergency Lights and Sirens within the city limits of Houston. Call 713-884-3143 when requesting permission to run emergency lights and sirens.
- Should any of the required medications listed in the company Medical Protocols be unavailable for any reason (including national shortage), the Medical Director must be notified immediately to advise if the company can continue operation. The company can request a variance letter from the Medical Director with documentation about how the company will proceed without the required medication. The Medical Director should indicate if the company can operate without the medication, if a substitute medication can be used, or if the company can operate with the expired medication and for how long. This approved variance letter must be signed and dated by the Medical Director and copies placed in all ambulances and submit to the City of Houston EMS Program.
- It is the company's responsibility to verify all ambulances operating for the company are staffed with TDSHS certified employees that meet the minimum staffing requirements of the Texas Administrative Code Title 25 Chapter 157, and the Texas Health and Safety Code Title 9, Chapter 773.
- Providing a false identity, attempting to operate under another individual's EMS certification, signing a government document with a false name, using a driver's license or identification which is forged, or any other act of identity fraud can result in enforcement action up to and including felony level charges.





Decal Inspection Guide

Be sure when your ambulance is brought to for inspection, it is equipped and supplied to the highest level listed on the Texas DSHS license. For example; if the ambulance is licensed as BLS with MICU capability, it will be inspected at the MICU level, and will be required to have all MICU equipment and medications. Unit must meet City of Houston minimum requirements, as well as equipment requirements set by the Medical Director. It is the responsibility of the company to schedule and present each ambulance(s) for inspection. Upon inspection, if the ambulance is in compliance, a City of Houston Ambulance Decal will be affixed to the rear right window or similar location. After the first unit passes inspection the City of Houston Ambulance Service permit will be active and a physical copy provided to the company. The updated copy of the permit must be placed in each unit. Each ambulance decal will expire concurrently with the exact day listed on the Company Ambulance Service Permit. Decal is nontransferable between ownerships and ambulances.

Note: If for any reason (national shortage, changes in protocol, etc.) and you no longer carry a medication that is listed on your protocol's equipment and medication list, you must have a letter of approval from your Medical Director. The letter should include what changes will be made to the Protocol (i.e. operating without the medication has been approved, operating with a substitute medication, using the expired medication). If the expired medication will be used how long past the expiration date is the use allowed.

For more detailed information about equipment requirements visit the Houston Health Department website www.houstontx.gov/health/EMS or call (832) 393-5603.

Vehicle Requirements

- Current TDSHS vehicle license
- Current State Inspection
- Current Liability Insurance
- Current Registration & Plates
- Name of Service on Both Sides
- Unit # Displayed on Both Sides
- No Unauthorized Wording or Markings
- No Smoking Signs Front Rear
- Tires in Good Condition
- Doors in Acceptable Condition
- All Items Securely Stored
- Dome Light High Low
- Seat Belts Front and Rear
- Emergency Lights
- Emergency Siren
- HVAC Front and Rear
- Vehicle Horn
- Vehicle Lights, all functioning
- Windshield Free from Obstructions
- Communications Equipment
- Steps and Body Free from Major Damage
- Positive Locks on Cabinets and Seats
- Free from Exposed Electrical Hazards
- Clean Equipment Pt. Area

Basic Life Support (BLS) Supplies

- Vehicle is listed on vehicle information page
- Current TDSHS vehicle authorization
- Current proof of insurance
- CoH ambulance service permit
- CoH ambulance driver's permit
- Current protocols
- Flashlights with extra batteries
- Reflective vests, Min. 2
- Emergency road triangles or non flammable reflective devices, Min. 3
- Fire extinguisher- mounted, tagged, accessible from patient area
- KED or short-board
- Long spine board
- Cervical collars infant-adult
- Stretcher
- Stair chair or mega mover
- Pediatric restraint system
- Extremity splints, Min. 2
- Femoral (traction) splint





- Pelvic splint
- Mounted oxygen cylinder (<200 PSI)
- Portable oxygen cylinder w/ regulator
- Adult nasal cannula
- Pediatric nasal cannula
- Infant nasal cannula
- Adult non-rebreather or simple mask
- Pediatric non-rebreather or simple mask
- Infant non-rebreather or simple mask
- A device capable of providing non-invasive positive pressure ventilation (NIPPV) (CPAP or BiPAP)
- BVM infant - adult
- OPA's infant - adult
- NPA's infant - adult (16fr or smaller, 18fr - 24fr, & 26fr or larger), 1 each
- Portable suction device
- Suction catheter (5 or 6, 8 or 10, 12 or 14, 16 or 18), 1 each
- Mounted suction w/ intact cannister
- Commercial arterial tourniquet
- Sterile 4x4's, Min. 25
- Gauze sponge (non-sterile), Min. 2
- Adhesive bandages
- Adhesive tape
- Occlusive dressing/chest seal, Min. 2
- Fluid for irrigation of wounds
- Elastic (ACE) bandage, Min. 2
- Waterless hand cleanser
- Mounted sharps container
- Emesis bag or basin, Min. 2
- Biohazardous materials collection bags
- Disinfectant wipes or solution
- Examination gloves
- Eye protection, Min. 2
- Gown, Min. 2
- Surgical masks, Min. 2
- N95 Masks, Min. 2
- Trash bag, Min. 2
- Glucometer w/ test strips & disposable lancets
- Pulse oximeter with infant - adult capabilities
- Stethoscope
- Blood pressure cuffs infant - adult
- Thermometer (w/ covers if oral)
- Trauma shears, Min. 2
- Triage tags, Min. 10
- Cold pack, Min. 2
- Heat pack, Min. 2
- Emergency blanket, Min. 2
- Alcohol swabs or topical antiseptic towelettes, Min. 20
- Pediatric dosing
- OB kit w/ baby bunting and bulb suction
- AED w/ no errors
- Spare battery
- Adult & pediatric or combination defibrillator pads
- Epinephrine auto injector pediatric and adult, 1 each **or (if not using Epi auto injectors)**
- Epinephrine 1:1000 vial or ampule, Min. 2
- 1cc syringe w/ needle, Min. 2
- Filter needle if using ampule, Min. 2
- Other medications per protocols w/ appropriate delivery devices

Advanced Life Support (ALS) Supplies in Addition to BLS Supplies

- Adult chest decompression needle 14gx3.25" or larger or other commercially available size
- Pediatric chest decompression needle 14gx1.5" or shorter
- Continuous waveform capnography
- Infant chest decompression needle 23gx0.75" or smaller
- Magill forceps
- Mucosal Atomizer (MAD)
- Isotonic crystalloid fluids per protocols
- Administration tubing (macro & micro)
- Pressure infusion cuff or other rapid infusion device
- Other Medications per protocols w/ appropriate delivery devices
- Supraglottic airway devices infant - adult (optional)

If not using supraglottics:

- Laryngoscope handle & blades (size 0-4)
- ET tubes (3.0-9.0)

Mobile Intensive Care Unit (MICU) Supplies in Addition to BLS and ALS Supplies

- Cardiac monitor w/ lead ECG acquisition and transcutaneous pacing
- Extra batteries for monitor
- Extra paper
- Electrodes
- Specialized equipment per protocols
- Other Medications per protocols w/ appropriate delivery devices and storage





2024 Ambulance Service Permit Application Main Page

General Information

Ambulance Service Full Name	
Doing Business As (DBA)	TDSHS Company License Number:
Mailing Address	
Company Office Address	
Ambulance Storage Address	
Company Email Address	Company Telephone:

Ownership Information

First and Last Name	Date of Birth	DL Number	Email Address	Telephone Number

Medical Director Information

First and Last Name	Medical License Number	Medical Protocol Expiration Date
Telephone Number	Email Address	Business Address

Ambulance Service Operator Information

Ambulance Service Operator of the Ambulance Service described above must be the person who signs the Affidavit of Ambulance Service Owner or Operator Acknowledgement Form. The Ambulance Service Operator accepts all enforcement action for the company and has read the Ambulance Service Fact Sheet.

First and Last Name	Date of Birth	DL Number	Email Address	Telephone Number





Company Operation Sheet

Company Name:

Date:

1. Have you supplied your ambulances with the updated minimum equipment required per the City of Houston EMS Program as outlined in the "Decal Inspection Guide" included in this application? Yes No

2. Are you aware that as per the City of Houston Code of Ordinances the EMS Program conducts mandatory spot inspections in the field on in service ambulances and refusing a spot inspection can and will result in enforcement action? Yes No

3. When can a non-emergency ambulance provider use lights and sirens & whom must contact prior to doing so within the City of Houston?

4. How will the provider ensure ambulances are properly equipped with essential equipment prior to operating daily?

5. If for any reason (national shortage, changes in protocol, etc.) and you no longer carry a medication that is listed on your protocol's equipment and medication list, what must you provide?

6. When must an employee possess a current City of Houston Emergency Ambulance Driver's Permit?

7. Are you aware that any ambulance that picks up or drops off patients within the City of Houston are operating and therefore required to have a current City of Houston ambulance decal properly affixed to it? Yes No





Affidavit of Ambulance Service Owner or Operator Acknowledgement Form

(To be signed by the Responsible Person for the Company)

The information submitted in the Private Ambulance Service Application is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee, and falsification of the information contained herein will result in the forfeiture of my Private Ambulance Service permit. I acknowledge that I have received and read the Ambulance Service Fact Sheet and I understand that by signing this application I will be recognized as the responsible party and may receive all enforcement action.

Company name: _____

Ambulance Service Owner/Operator (Responsible Person): _____
(Print Full Name)

Affiant: _____
(Signature of Responsible Person)

Subscribe and sworn to before me by affiant this _____ day of _____ 20 _____

Notary Signature _____

My commission expires: _____

NOTARY PUBLIC in and for THE STATE OF _____

Ink notary stamps only. No embossed stamps.





Vehicle Information

Company Name:

Date:

	Vehicle ID Number (VIN)	Year	Make	Unit #	License Plate	TDSHS Veh. Auth #	Level (ex. BLS)
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2							
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Employee Information

Company Name:

Date:

	Employee Name Last, First	EMT Level	COH Driver Permit (Y/N)	Texas Driver's License #	Daytime Telephone Number
1					
2					
3					
4					
5					
6					
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