



2025 Ambulance Driver Permit Application

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. Only complete and notarized applications will be processed.

Ambulance Driver Permit Application 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). Permits will not be processed without payment of all fees.

2025 Ambulance Driver permit fee with admin fee included is \$165.54.

- Current copy his/her Texas Driver's License. The text and photo must be clear, driver's license must be issued by the state of Texas, driver's license must be current, applicant must be at least 18 years of age. Note: A current digital photograph of the applicant may be requested if the Texas Driver's license photo is not current and clear.
- Current copy of his/her Texas EMS Certification. Expiration date must be clear, name must match driver's license.
- Employee Notary Form must be complete and notarized. Note: The City of Houston EMS Program does not provide notarization. Notarization must not be more than (30) thirty days old.
- Original Three-Year (type 2A) Certified Motor Vehicle Record from Texas Department of Public Safety for review. driving record must not be more than (30) thirty days old.

Applying in person

Submit the above documents 7427 Park Place Blvd Houston, TX 77087 between the hours of 7:30 am and 3:30 pm, Mon-Fri.

Applying by mail

Mail the above documents to: City of Houston – EMS Program 7427 Park Place Blvd Houston, TX 77087. Please allow one week from the date your completed application is received for processing. If the application is approved, the permit will be mailed to the address provided on application. If the permit is not approved, the applicant will be contacted.





- 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.

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.
- 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.





2024 Ambulance Driver Permit Application

Driver Information

First Name	Last Name	
Date of Birth	Texas Driver's License Number	
Address		
EMT License Number	EMT Level	EMT License Expiration Date
Email Address of Applicant		Applicant Telephone Number

Company Information

Ambulance Company Name	
Email Address	Company Telephone Number

Ambulance Service Operator Information

Have you ever had your State certification revoked, suspended, or probated? Yes No If "Yes", provide details:

You will be held accountable for understanding the information provided in the Ambulance Driver Fact Sheet. Failure to comply can result in enforcement action. Do you have any questions about the Ambulance Driver Fact Sheet? Yes No If "Yes", provide details:

Please provide the name of all ambulance companies you work for or have worked for in the last 12 months:





Employee Notary Form

In consideration of the granting of the permit hereby applied for, I attest that the information submitted in the Driver Permit 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 Ambulance Driver permit. I acknowledge that I have received and read the Ambulance Driver Fact Sheet. It is further agreed by the applicant that he/she will conform to all rules and regulations of Houston Health Department, governing ambulance drivers.

_____ being duly sworn, on his/her oath deposes and says
(Print Full Name of Applicant/Employee)

that he/she is the individual making the foregoing application for an Ambulance Driver's Permit; and, that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge.
(Print Full Name)

Affiant: _____
(Signature of Applicant/Employee)

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

(Notary Signature)

NOTARY PUBLIC in and for THE STATE OF TEXAS

Ink notary stamps only. No embossed stamps.

My commission expires: _____

