



APPLICATION – EMERGENCY MEDICAL SERVICE AGENCY CERTIFICATION
STATE OF NEW MEXICO - EMERGENCY MEDICAL SYSTEMS BUREAU
1301 Siler Road, Building F; Santa Fe, New Mexico 87507

PLEASE TYPE or PRINT; APPLICATION MUST BE NOTARIZED.										
New Application		<input type="checkbox"/>	Renewal Application		<input type="checkbox"/>	Service Number _____		Date	_____	
Indicate the county in which you wish to certify and the number of Medical Rescue units utilized by your agency.										
County _____					Number of units _____					
Please attach a Company Check, Money Order or Purchase Order to each application. Fee structure listed below (Initial and Renewal).										
EMS Agency (Transport Capable Medical Rescue and Non-Transport Medical Rescue):		<input type="checkbox"/>	Up to 3 Vehicles -\$100.00			<input type="checkbox"/>	Special Event EMS - \$100.00		\$ _____	*Late Fee No late fees will be assessed during this initial application cycle.
		<input type="checkbox"/>	4-10 Vehicles - \$150.00			<input type="checkbox"/>	Emergency Medical Dispatch - \$100.00		+\$ _____	
		<input type="checkbox"/>	More than 11 Vehicles - \$200.00						+\$ _____	
									= _____	
County/Municipality or Owner/Parent Company Name										
Address			City			State		Zip Code		
Telephone number		Fax number			E-Mail					
District Name/Number or Title of "Doing Business As" (DBA)										
Address			City			State		Zip Code		
Telephone number		Fax number			E-Mail					
Medical Director					NM Medical License Number					
Address			City			State		Zip Code		
Telephone number		Fax number			E-Mail					
Director/Chief or individual responsible for operation of service:					Name					
Address			City			State		Zip Code		
Telephone number		Fax number			E-Mail					
Dispatch Center										
Address			City			State		Zip Code		
Telephone number		Fax number			E-Mail					

Insurance Company/Agent Name										
Address				City			State		Zip Code	
Telephone number			Fax number			E-Mail				

Attachments (#1-6) required to complete the application:

1. ___ Certificate of Insurance showing: Bodily Injury (Each person \$1,000,000, Each accident \$2,000,000)
 - Property Damage (Each accident \$1,000,000)
 - Professional Liability (Each person \$1,000,000, Each accident \$2,000,000)
 - Workman's Compensation
2. ___ Drug list approved by the Medical Director for use in the field (signed and dated by Medical Director).
3. ___ List of physical locations and GPS coordinates, including main stations and sub-stations, where Medical Rescues are located. Please include a map of the service area with these locations indicated, as well as what apparatus reside(s) there.
4. ___ List of personnel currently providing service. The list should include EMS license numbers and expiration dates of these licenses for all personnel, including EMD personnel where applicable. Please also include NM Driver License numbers and expiration, as well as proof of additional driver training certification (CEVO, EVOC, or Defensive Driver) and the expiration of these certificates.
5. ___ List of current Medical Rescues, including the unit number, model year, make, type, and maximum patient capacity for each vehicle
6. ___ Motor Vehicle Inspection form completed for each vehicle with Mechanics Safety Inspection and Report.

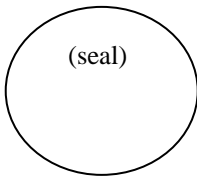
*Please create a binder with a section for each attachment (#1-6) to be submitted with this form at time of application / renewal.

I hereby certify that the information provided in this application is true to the best of my knowledge and belief. The information and documentation provided contains no willful misrepresentations and/or falsification. All documentation provided has been verified and updated within thirty (30) days prior to submission of this application.

Certification based on false information constitutes grounds for service certification revocation, licensure disciplinary action and possible criminal prosecution.

Applicant's Signature			Date Signed	
Please Print Name and Title			Telephone #	

<i>SWORN AND SUBSCRIBED TO BEFORE ME THIS</i>			<i>DAY OF</i>		20____, <i>IN THE</i>
<i>COUNTY OF</i>				<i>STATE OF NEW MEXICO.</i>	

<i>Signature of Notary</i>			
<i>My Commission Expires</i>			

(For Office Use Only)

Date Received		Documents checked?		Fee paid		Inspection Completed	
----------------------	--	---------------------------	--	-----------------	--	-----------------------------	--

Remarks:

Approved?	Yes	No	Pending	Date		Certification #
------------------	-----	----	---------	------	--	------------------------

Signature of Reviewer: