



Private Ambulance Service Permit Application Process

All Applicants:

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. When your application is approved, you will be contacted regarding scheduling the inspection of your ambulances. Be sure when the ambulance is brought to the inspection, it is equipped and supplied to the highest level listed on the Texas DSHS license located on each ambulance. For example; if the ambulance is licensed as BLS with MICU capability, it will be inspected at the MICU level. Please note that the permit allows a holder to perform scheduled or non-scheduled non-emergency transfers. It does not permit a holder to make emergency calls or emergency transfers in the City of Pearland. **Any transport that requires an emergent (lights and sirens) response must be referred to the 911 system.**

Current Permit Holders:

The City of Pearland will send a Permit Renewal Reminder to each EMS Provider before the Ambulance Service Permit expires. The reminder will be sent by U.S. Postal Service to the mailing address provided by the EMS Provider. However, the absence of such a reminder does not in any way justify a company's failure to renew the Private Ambulance Service Permit in a timely manner. EMS Providers are required to keep the City of Pearland updated about any changes within the company within five business days. This includes any change in medical directors, protocols, administrator of record, etc. When your application is approved, you will be contacted regarding scheduling the inspection of your ambulances. Be sure when you present your ambulance for inspection, it is equipped to the highest level listed on the Texas DSHS license located on each ambulance. For example; if the ambulance is licensed as BLS with MICU capability, it will be inspected at the MICU level. In order to ensure uninterrupted ambulance service operation, EMS Providers must submit renewal applications 30 days prior to the Private Ambulance Service Permit expiration date. Providing ambulance service after the Private Ambulance Service Permit expiration date will result in citations.

All Applicants:

When all of the information provided in the application is correct, the Ambulance Company's Director of Operations or designated employee shall make each ambulance unit available for inspection. *It is the responsibility of this person to schedule his/her ambulance(s) for inspection.*

Upon inspection, if the ambulance unit is in compliance, a City of Pearland Ambulance Permit will be affixed to the rear right window or similar location so as to be clearly visible from a following vehicle. Each ambulance unit decal will expire on December 31st of the current year.



The following is an explanation of the items required for the company's application:

1. Application complete, accurate and notarized. *Information must be typed or entered by computer and printed. Applications printed by hand **will not** be accepted. All required information must be complete before notarization takes place.*
2. Certificate of Auto Liability Insurance showing the City of Pearland Fire Department at 2703 Veterans Dr., Pearland, TX 77584, as a certificate holder or additional insured and coverage in compliance with Chapter 9 ½, Section 43 of the City of Pearland's Code of Ordinances. The Certificate of Auto Liability Insurance must list all ambulance units that wish to receive the Private Ambulance Service Permit.
3. Copy of Medical Protocols in digital format. *Paper copies will no longer be accepted. Protocols must be provided on CD or flash drive in Microsoft Word or Adobe PDF format.*
4. Signature page for Medical Protocols with original signature from the Medical Director, effective date and expiration date. *This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies **will not** be accepted.*
5. Equipment and medication list with original signature from the Medical Director, effective date and expiration date. *This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies **will not** be accepted.*
6. Legible, **color** copies of the *current* Texas Driver License for each person listed as the Administrator of Record and Director of Operations/Local Manager.
7. Copy of EMS Provider License issued by the Texas Department of State Health Services. *Provide a copy of your valid EMS Provider License from the Texas DSHS.*
8. Copy of each Vehicle Authorization issued by the Texas Department of State Health Services. *This is the document posted in the patient compartment of each ambulance as required by state law.*
9. Application fee: \$250, per calendar year. *Made payable to the CITY OF PEARLAND only by Company Check (with pre-printed company name, address and telephone number), Cashier's Check or Money Order. Permits will not be processed or issued without payment of all fees.*
10. Inspection fee: \$100, per ambulance, per calendar year. *Made payable to the CITY OF PEARLAND only by Company Check (with pre-printed company name, address and telephone number), Cashier's Check or Money Order. Permits will not be processed or issued without payment of all fees.*

**City of Pearland
Fire Department –**
2703 Veterans Drive
Pearland, TX 77584



11. Color pictures representative of each type of ambulance in your fleet (front, back, and sides).!
You do not need to submit picture of every ambulance. If you have multiple color schemes, striping patterns, or types of truck, just one example of each is needed.
12. Fleet list, typed and submitted as a hard copy.
13. Medical Director and Administrator of Record should match what is listed on DSHS website.
14. Reinspection fee: \$75 per ambulance per inspection
15. Return check fee: \$35
16. Acknowledgment of Important Notices form
17. Company operation sheet.

The City of Pearland **Private Ambulance Service Permit** application may be downloaded in Adobe PDF file format from the following web address: pearlandtx.gov

To submit your Private Ambulance Service Permit, please mail or drop off your application packet **ONLY**.

Pearland Fire Department
2703 Veterans Drive
Pearland, TX 77584

Digital copies sent by fax or email will not be accepted.

For additional information or to request an inspection, please use any of the following methods:

By email: rgarza@pearlandtx.gov

By phone: 281.997.5840

**City of Pearland
Fire Department**
2703 Veterans Drive
Pearland, TX 77584



Private Ambulance Service Permit Application Process

To the City of Pearland, Texas: In conformity with Chapter 9 ½ of the City Ordinance, application for a Medical Transfer Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Ambulance Service Full Name: _____			
TDSHS Company License Number: _____			
Mailing Address: _____	City: _____	State: _____	Zip: _____
Physical Address: _____	City: _____	State: _____	Zip: _____
Dispatch #: _____	Business #: _____	Email address: _____	
Administrator of Record (with DSHS):			
Last and First Name: _____		Home Address: _____	Driver License #: _____
Email address: _____		Cell #: _____	Office #: _____
Director of Operations or Agent Responsible for local operations:			
Last and First Name: _____		Home Address: _____	Driver License #: _____
Email address: _____		Cell #: _____	Office #: _____
Vehicle Liability Insurance Provider: _____		Telephone #: _____	
Policy #: _____		Insurance Agent's Name: _____	
Medical Director: _____		Medical License #: _____	
Business Address: _____		City: _____	State: _____ Zip: _____
Telephone #: _____		Fax #: _____	Email address: _____

State of Texas _____ §

County of _____ §

Signature of Claimant

Before me, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing application and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public Seal

Notary Public Signature

**City of Pearland
Fire Department**
2703 Veterans Drive
Pearland, TX 77584



Company Operation Sheet

Company Name: _____ Date: _____

Ambulance Service Owner/Operator Full Name: _____

Does your service provide specialty operations? (ex. Pediatrics, bariatrics, geriatrics) If so, please list:

Do you have a contract to pick up or deliver patients in Pearland? Yes No

If yes, please list the entities: _____

Provide a brief summary of your operations:

If you do not have a contract, how do you intend obtain patients?

List top 5 locations and time where patients are picked up/dropped off:

Backup Provider(s):

Please list the following information of your back up provider(s).

Ambulance Service: _____

Mailing Address: _____

Office #: _____ Name of Owner/Director: _____

Does this provider have a City of Pearland Private Ambulance Service Permit? Yes No

Ambulance Service: _____

Mailing Address: _____

Office #: _____ Name of Owner/Director: _____

Does this provider have a City of Pearland Private Ambulance Service Permit? Yes No

**City of Pearland
Fire Department**
2703 Veterans Drive
Pearland, TX 77584



In conformity with the City Ordinance concerning the Emergency Medical Services, the EMS Provider listed below requests permission from the Chief EMS Officer to operate the following ambulance vehicles:

	Unit #	Year	Make	Vehicle Identification Number (VIN#)	License Plate #	TDSHS Certification Level (BLS, ALS, MICU)	Type (I, II, III)	Pearland Permit # (To be filled in by PFD)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

EMS Provider Name

Date

**Return to City of Pearland Fire
Department**

Revised 2.11.2019

**City of Pearland
Fire Department**
2703 Veterans Drive
Pearland, TX 77584



In conformity with the City Ordinance concerning the Emergency Medical Services, the EMS Provider listed below requests permission from the Chief EMS Officer to operate the following ambulance vehicles:

	Unit #	Year	Make	Vehicle Identification Number (VIN#)	License Plate #	TDSHS Certification Level (BLS, ALS, MICU)	Type (I, II, III)	Pearland Permit # (To be filled in by PFD)
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								

EMS Provider Name

Date

**Return to City of Pearland Fire
Department**

Revised 2.11.2019



FOR OFFICE USE ONLY
Received:
Paid:
New or Renewal:
Date Approved:
Inspection Completed:

FOR INTERNAL USE ONLY
Required Paperwork Checklist

- !Application complete, accurate and notarized. Information must be typed or entered by computer and printed. Applications printed by hand will not be accepted. All required information must be complete before notarization takes place.*
- Certificate of Auto Liability Insurance showing the City of Pearland Fire Department at 2703 Veterans Dr., Pearland, TX 77584, as a certificate holder or additional insured and coverage in compliance with Chapter 9 ½, Section 43 of the City of Pearland’s Code of Ordinances. The*
- Certificate of Auto Liability Insurance must list all ambulance units that wish to receive the Private Ambulance Service Permit.*
- Copy of Medical Protocols in digital format. Paper copies will no longer be accepted. Protocols must be provided on CD or flash drive in Microsoft Word or Adobe PDF format.*
- Signature page for Medical Protocols with original signature from the Medical Director, effective date and expiration date. This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies will not be accepted.*
- Equipment and medication list with original signature from the Medical Director, effective date and expiration date. This page is separate from the digital protocols and requires an original signature from the Medical Director, photocopies will not be accepted.*
- Legible, color copies of the current Texas Driver License for each person listed as the Administrator of Record and Director of Operations/Local Manager.*
- Copy of EMS Provider License issued by the Texas Department of State Health Services. Provide a copy of your valid EMS Provider License from the Texas DSHS.*
- Copy of each Vehicle Authorization issued by the Texas Department of State Health Services. This is the document posted in the patient compartment of each ambulance as required by state law.*
- Application fee: \$250, per calendar year. Made payable to the CITY OF PEARLAND only by Company Check (with pre-printed company name, address and telephone number), Cashier’s Check or Money Order. Permits will not be processed or issued without payment of all fees.*
- Inspection fee: \$100, per ambulance, per calendar year. Made payable to the CITY OF PEARLAND only by Company Check (with pre-printed company name, address and telephone number), Cashier’s Check or Money Order. Permits will not be processed or issued without payment of all fees.*

City of Pearland
Fire Department –
2703 Veterans Drive
Pearland, TX 77584



- Color pictures representative of each type of ambulance in your fleet (front, back, and sides) *You do not need to submit picture of every ambulance. If you have multiple color schemes, striping patterns, or types of truck, just one example of each is needed.*
- Fleet list, typed and submitted as a hard copy.
- Medical Director and Administrator of Record should match what is listed on DSHS website.
- Reinspection fee: \$75 per ambulance per inspection
- Return check fee: \$35
- Acknowledgment of Important Notices form
- Company operation sheet.

**City of Pearland
Fire Department**
2703 Veterans Drive
Pearland, TX 77584



FOR OFFICE USE ONLY
Received:
Paid:
New or Renewal:
Date Approved:

Important Notices

- Per City Ordinance, Chapter 9 ½, Sec 30, EMS Providers are not permitted to respond to any request for an emergent (i.e. lights & sirens) ambulance response within the City of Pearland or its ETJ. These requests must be referred to the City of Pearland communications center at 281.997.4316 or by advising the requester to dial 911.
- The only time it is permissible for an EMS Provider to operate with lights & sirens within the City of Pearland or its ETJ is when responding to an emergency incident outside of the City of Pearland or its ETJ, or when transporting a patient who originates outside of the City of Pearland or its ETJ to a hospital ER. In those cases the ambulance must notify the City of Pearland communications center at 281.847.3384.
- Reinspections are required by The City of Pearland. Upon reinspection date, EMS Providers must pay \$75 per ambulance for reinspection.

I acknowledge the receipt of the Important Notices pertaining to City Ordinance, Chapter 9 1/2, Sec 30. I understand that I am responsible for ensuring staff— including first responders, maintenance crews, and other personnel who interact with the ambulance or ambulance staff — are educated on the contents of this form. I understand by signing this page, I will be recognized as the responsible party and may receive all enforcement action. Failure to do so can result in punishable actions, including but no limited to citations, violations, and/or fines.

Ambulance Service Owner/Operator (Responsible Person): _____

Affiant: _____

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

Notary Signature
NOTARY PUBLIC in and for THE STATE OF
Ink notary stamps only. No embossed stamps.

My commission expires: _____

**Return to
City of Pearland Fire Department**

Revised 2.2.2023



All Vehicle Requirements

- Current State Inspection
- Current TDSHS Certification
- Current Liability Insurance
- Current Registration
- Texas License Plates on Front and Back of Vehicle
- Name of Service on Both Sides
- Unit # Displayed on Both Sides
- 3 Emergency Road Triangles
- No Smoking Signs- Front, Rear
- Tires in Good Condition
- Doors in Acceptable Condition
- All Items Securely Stored
- Dome Light - High Low
- Seat Belts - Front Rear
- Child Restraint System, ex. Child Safety Seat
- Emergency Lights, Siren, Horn
- HVAC Front Rear
- Lights: Front, Rear, Brake, Reverse, Turn
- Windshield Free From Obstructions
- Current 5lb. BC Mounted Fire Extinguisher w/ Gauge
- Communications Equipment
- Current Key Map or GPS System
- Current Hazmat ERG
- Steps and Body Free From Major Damage
- 2 Flashlights with Extra Batteries
- Positive Locks on Cabinets and Seats
- Free From Exposed Electrical Hazards
- Free From Service Lights on Dash

Sanitation & Protection

- Clean Equipment Pt. Area
- Reflective Vests, 1 per staff
- Clean Sheets, Blankets, Pillows
- Protective Eye Wear
- Protective Gowns
- Protective Shoe Covers
- Protective Gloves
- Protective Respiratory Masks N95 or N100
- Disposable Cleaning Supplies
- Red Medical Waste Bags
- No Reusable Cleaning Materials
- Interior in Acceptable Condition
- Hand Antiseptic

Basic Life Support (BLS) Supplies

- Protocols Signed
- Multi-Level Stretcher & Mount
- Stethoscope -Adult, Pedi
- BP Cuffs- Adult, Child, Infant, Large
- Thermometer with Covers
- Airways- Oral, Nasal
- B.V.M. Adult, Child, Infant
- Secure O2 - Main>500psi, 2 Full Portable
- O2 Devices- Adult, Child, Infant
- Portable O2 Regulator >12LPM
- Suction, Main and Portable
- Suction Tubing & Catheters
- AED with No Error Messages
- AED Pads - Adult/Pedi x2
- Epi Auto-injector Adult Child
- Oral Glucose
- Other Meds Per Protocols
- Glucometer w/ Strips and Lancets
- Pulse Oximeter
- Arterial or military-grade equivalent tourniquet
- Triangular Bandages
- Sterile 4x4's
- Occlusive Dressings
- Adhesive Tape, Various Sizes
- Roller Gauze, Various Sizes
- Sterile Trauma Dressings
- Sterile Burn Sheets
- Disposable Emergency Blankets
- Cold Packs
- Sterile O.B. Kit
- Separate Infant Insulating Device
- Cervical Collars- Adult, Child, Infant
- Head Immobilizer
- Traction Splint- Adult, Child
- Extremity Splints
- Backboard Straps or Webbing
- Short Board or K.E.D.
- Stair Chair or equivalent
- Long Backboard
- 25 Triage Tags
- Pediatric Sizing/Dosing Reference/Tape



Advanced Life Support (ALS) Supplies

In Addition to BLS Supplies

- IV Fluids Per Protocols
- IV Catheters Per Protocols
- Dextrose 50%
- IV Drip Sets Per Protocols
- IV Starter Kits
- IV Pole or Roof Hook
- Laryngoscope With Extra Batteries
- Laryngoscope Blades Per Protocols
- E.T. Tubes Per Protocols with Stylet
- Lubricating Jelly
- Specialized Airway Equipment
- Magill Forceps
- ALS Protocols Signed

Mobile Intensive Care Unit (MICU) Supplies

In Addition to BLS and ALS Supplies

- Medications Per Protocols
- Medications Stored Properly
- Narcotics Locked
- Narcotics Log
- Specialized Equipment Per Protocols
- Cardiac Monitor/Defibrillator
- Electrodes and Gel
- Extra Paper
- Extra Batteries
- Combo Pads or Paddles -Adult/Pedi x2
- MICU Protocols Signed