



EMERGENCY
MEDICAL
SERVICES
AGENCY

CERTIFICATE OF OPERATION APPLICATION

MARIN COUNTY EMS AGENCY
1600 Los Gamos Dr. #220, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3747
www.MarinEMS.org

Applicant Last Name			First Name			Middle Initial		
Residence Address				Business Address				
City		State	Zip	City		State	Zip	
Business Name								
Business Owner(s) Name								
Owner Address								
City			State			Zip		
<p>I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to a certificate of operation in Marin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this agency to contact any person or agency for information related to my application for this certificate. I agree to comply with all laws and regulations applicable to the certificate for which I am applying, and I understand that violation of any law or regulation adopted by the County of Marin pursuant thereto may result in the filing of an action against this certificate such as a fine, suspension, or revocation.</p> <p>Signature of Applicant: _____ Date: _____</p>								

Office Use Only

Initial Only

- | | |
|--|--|
| <input type="checkbox"/> Org chart | <input type="checkbox"/> Copy of the company policy manual |
| <input type="checkbox"/> Financial audit | <input type="checkbox"/> Images of ambulance color scheme(s) |
| <input type="checkbox"/> Statement of asset-to-liability ratio | <input type="checkbox"/> Statement of experience |
| <input type="checkbox"/> Job descriptions for positions pertinent to level(s) of service to be provided. | |

Initial & Renewal

- | | |
|--|---|
| <input type="checkbox"/> Fees Paid. Receipt #: _____ | <input type="checkbox"/> Official business registration in California |
| <input type="checkbox"/> Completed application Date: _____ | <input type="checkbox"/> Financial disclosures or Statement of None |
| <input type="checkbox"/> Level of service statement | <input type="checkbox"/> Rate schedule |
| <input type="checkbox"/> Evidence of insurance | <input type="checkbox"/> Approved Date _____ Initials _____ |
| <input type="checkbox"/> CHP service license | <input type="checkbox"/> Issued Date _____ Initials _____ |