



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"/> Job Descriptions For Positions Pertinent To The Level(s) Of Service To Be Provided.
<input type="checkbox"/> A Financial Audit
<input type="checkbox"/> A Statement Of Asset To Liability Ratio | <input type="checkbox"/> A Copy Of The Management Policies
<input type="checkbox"/> Statement As To Whether Policy Manuals Are Supplied To All Personnel.
<input type="checkbox"/> Description Of Ambulance Color Scheme
<input type="checkbox"/> Statement Of Experience |
|--|--|

Initial & Renewal

- | | |
|---|--|
| <input type="checkbox"/> Fees Paid. Receipt # _____
<input type="checkbox"/> Completed Application Date _____
<input type="checkbox"/> Level Of Service Statement
<input type="checkbox"/> Evidence Of Insurance
<input type="checkbox"/> CHP Service License
<input type="checkbox"/> FCC License Or Statement Of Use | <input type="checkbox"/> Official Business Registration In California
<input type="checkbox"/> Financial Disclosures Or Statement Of None
<input type="checkbox"/> Rate Schedule

<input type="checkbox"/> Approved Date _____ Initials _____
<input type="checkbox"/> Issued Date _____ Initials _____ |
|---|--|