



# AMBULANCE SERVICE – SPECIAL LICENSE APPLICATION

**Mail:** CITY OF VANCOUVER BUSINESS LICENSING, PO BOX 8995, VANCOUVER, WA 98668-8995

**Drop-off:** CITY HALL, 1ST FLOOR CUSTOMER SERVICE, 415 W 6TH ST, VANCOUVER, WA 98660

**Questions?:** Email: [business.licenses@cityofvancouver.us](mailto:business.licenses@cityofvancouver.us), or Phone: (360) 487-8410 ext 3

- *Submit completed application, attachments, and \$200.00 ambulance special license fee to City via mail or drop-off.*
- *Upon City approval, the issued Ambulance Special License will expire on December 31 of service license year.*
- *To renew for next license year, submit application, attachments, and fee to City by December 15 of current license year.*

Applicant Name \* \_\_\_\_\_ Ambulance Service License Year \* \_\_\_\_\_

Doing Business As (DBA)\* \_\_\_\_\_ WA UBI # \* \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE)

Owner/Principal Name(s) \* \_\_\_\_\_

Physical Address \* \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address \* \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP CODE

Contact Phone No. \* \_\_\_\_\_ Email Address \_\_\_\_\_

No. of AMBULANCES to be in service in City \* \_\_\_\_\_ No. of LICENSED AMBULANCE ATTENDANTS to be employed in City \* \_\_\_\_\_

\* Required field

### REQUIRED ATTACHMENTS

- Certificate of Liability Insurance and any supporting documents needed to provide evidence of compliance with VMC 5.85.120 and minimum scope and limits of insurance coverage set by City Risk Manager or City Manager designate for period for which application is made. <sup>1</sup>
- Schedule of Rates to be charged for services during period for which application is made. <sup>2</sup>

### ATTESTATIONS

1. *I attest that applicant's ambulances to be used in the City of Vancouver are currently licensed as ambulances by the State of Washington.*
2. *I attest that applicant's ambulance attendants providing service in the City of Vancouver are currently certified in Clark County and by the State of Washington.*
3. *I attest that applicant's ambulances and personnel providing advanced life support (ALS) for applicant are verified trauma providers in Clark County as provided under State of Washington law.*

*I hereby declare under penalty of perjury of the laws of the State of Washington that the information and attestations contained in this application are accurate and complete, and that I am an authorized signatory thereto.*

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME OF SIGNATORY TITLE CONTACT PHONE

<sup>1</sup> In accordance with VMC 5.85.120, no ambulance license shall be issued, nor shall license be valid after issuance, nor shall ambulance be operated in the City, unless operator maintains insurance policy or policies against claims for injuries to persons or damages to property which may arise from, or in connection with, operation of ambulance company. Such insurance shall name City of Vancouver as additional insured, and ambulance company shall also indemnify and hold City of Vancouver harmless from any causes of action arising from operation of ambulance company.

<sup>2</sup> In accordance with VMC 5.85.140 schedule of rates will be a matter of public record open to public inspection in City Clerk's office during normal city business hours and must be adhered to by licensee throughout period for which license is issued.