

CITY OF ALVIN

E.M.S. DEPARTMENT

EMS APPLICANT CHECKLIST

Please make sure that the following items are included with your packet upon submission for approval:

- _____ Insurance binder showing proof of insurance amounts as required by the City of Alvin and listing the City of Alvin as a certificate holder. Also provide agent's name and phone number.
- _____ Proof of current providership by the Texas Department of Health.
- _____ Completed City of Alvin application form. (Application must be notarized).
- _____ Name, alternate address, alternate phone number, and alternate fax number of Medical Director.
- _____ List of all Ambulances with model year, VIN number, current license plate information and length of time in use.
- _____ Personnel roster with copies of current TDL and current TDH certifications.
- _____ Copy of signed Medical Direction Protocols. (Must have original signature).
- _____ Copies of Articles of Incorporation (if incorporated) or Document from Brazoria County showing business name is Registered in Brazoria County.

Note: All information must be completed before application will be accepted for processing or company permit approved.