



**Bureau Of Emergency Medical Services & Trauma System**  
 150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150  
**APPLICATION FOR CERTIFICATE OF NECESSITY INITIAL**

**APPLICATION FORM**

**I. IDENTIFICATION**

Legal business or corporate name

Identifying Name (DBA)

Legal address

Mailing address if different

Telephone number

Facsimile number

E-mail address

**II. MANAGEMENT**

**Provide the following for each applicant and individual responsible for managing the ground ambulance service:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

**Provide the following for the business representative or designated manager:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

**Provide the following for the individual to contact to access the ground ambulance service's records required in R9-25-910:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

**Provide the following for the statutory agent for the ground ambulance service, if applicable:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

**III. CLASSIFICATION**

<b>Type of Business</b>	Proprietary <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation for profit <input type="checkbox"/> Limited liability corporation <input type="checkbox"/> Other _____	Non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Governmental <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal
<b>Level of Service:</b> (Check Most Approp)	<input type="checkbox"/> Advanced Life Support	<input type="checkbox"/> Advanced Life Support & Basic Life Support	<input type="checkbox"/> Basic Life Support
<b>Type of Service</b> (Check all Applicable)	<input type="checkbox"/> Immediate Response Transport	<input type="checkbox"/> Interfacility Transport	<input type="checkbox"/> Convalescent Transport

<b>Hours of Operation</b>	___ 24 hrs/7 days a week	___ Other (explain in detail on an attached sheet)
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Revised 07/08/15

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**IV. MEDICAL DIRECTION/COMMUNICATION**

<b>Provide the following for each base hospital or centralized medical direction communications center:</b>		
NAME	ADDRESS	TELEPHONE NUMBER
<b>Provide the following for the ground ambulance service's dispatch center:</b>		
ADDRESS:		TELEPHONE NUMBER:
<b>Provide the following for each suboperation station located within the proposed service area:</b>		
ADDRESS:		TELEPHONE NUMBER:
<b>Provide a description of the communication equipment to be used in each:</b>		
<u>Ground ambulance vehicle:</u>		
<u>Suboperation station:</u>		

**V. AMBULANCES**

	Make of Vehicle	Year
6		
7		
8		
9		
10		

	Make of Vehicle	Year
1		
2		
3		

4		
5		

	Make of Vehicle	Year
11		
12		
13		
14		
15		

**VI. AMBULANCE ATTENDANTS**

Arizona Certified EMCTs under the provisions of ARS § 36-2201					First Responders operating under the provisions of ARS § 36-2202	Physicians licensed under Title 32, Chapter 13 or 17	Professional Nurses licensed under Title 32, Chapter 15	
BASIC	EMT	AEMT	EMT-I	PARA			Prehospital Care	Interfacility Transport

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**PROVISION OF ALS SERVICES**

For an applicant seeking to provide ALS, the following information, required as part of the application packet, is attached:

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

**INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET**

The following information, required as part of the application packet, is attached:

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant’s proposed service area;
2. A statement of the proposed general public rates;
3. A statement of the proposed charges;
4. The applicant’s proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
  - a. The population demographics within the proposed service area,
  - b. The square miles within the proposed service area,
  - c. The medical needs of the population within the proposed service area,
  - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
  - e. The available routes of travel within the proposed service area,
  - f. The geographic features and environmental conditions within the proposed service area, and
  - g. The available medical and emergency medical resources within the proposed service area;
5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
7. Whether an applicant or a designated manager:
  - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
  - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
  - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

**DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET**

The following documents, required as part of the application packet, are attached:

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233€ and a map that illustrates the proposed service area;
2. A projected Ambulance Revenue and Cost Report;
3. The financing agreement for all capital acquisitions exceeding \$5,000;
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;

5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1) and 36-2234(K);
6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
7. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

Pursuant to Arizona Revised Statute §41-1030:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12820.01 or 12820.02.

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### **APPLICATION FILING FEE**

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A \$100 application filing fee for an initial certificate of necessity, required as part of the application, is attached with the application packet.

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**ACKNOWLEDGMENT/SIGNATURE**

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I hereby certify, under penalty of perjury, that

- \* I am duly authorized and qualified to act for or on behalf of the applicant(s) submitting this application.
- \* The applicant is requesting to operate ground ambulance vehicles and a ground ambulance service in this State;
- \* The applicant has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1;
- \* The applicant will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service; and
- \* That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been complied from records I have verified, and I know that the facts recited herein are true and correct.

**X**  
\_\_\_\_\_  
**Signature of the applicant or the applicant's designated representative**

\_\_\_\_\_  
**Date**