



**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**  
PREPAREDNESS

*Bureau Of Emergency Medical Services & Trauma System*  
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150  
**APPLICATION FOR GROUND AMBULANCE REGISTRATION**  
A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Article 10

**FEES**

INITIAL REGISTRATION ..... \$50  
RENEWAL FEE ..... \$50  
ANNUAL REGULATORY FEE..... \$200

**INITIAL**

**RENEWAL**

**FOR EMS USE ONLY**

EXPIRATION \_\_\_\_\_  
CERTIFICATE NO \_\_\_\_\_  
INITIALS \_\_\_\_\_

**I. IDENTIFICATION OF AMBULANCE SERVICE**

LEGAL BUSINESS OR CORPORATE NAME OF AMBULANCE SERVICE: \_\_\_\_\_

IDENTIFYING NAME OF AMBULANCE SERVICE (DBA): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing): \_\_\_\_\_

TELEPHONE NUMBER(S) Business: \_\_\_\_\_ Emergency: \_\_\_\_\_

FACSIMILE NUMBER(S): \_\_\_\_\_ CERTIFICATE OF NECESSITY NUMBER: \_\_\_\_\_

**II. IDENTIFICATION OF AMBULANCE UNIT**

VEHICLE MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE I. D. NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ UNIT NUMBER: \_\_\_\_\_

LOCATION OF VEHICLE (Station): \_\_\_\_\_

NAME OF CONTACT PERSON TO ARRANGE INSPECTION: \_\_\_\_\_

TELEPHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_

I, the below signed authorized agent for the above listed ambulance service, do hereby certify that the above described ambulance is in compliance with all statutory and Arizona Department of Health Services' requirements and request that this vehicle be registered as an ambulance in the State of Arizona.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**

RECEIPT STAMP

## GENERAL INFORMATION AND INSTRUCTIONS TO APPLICANT

### INTRODUCTION

Any person wishing to operate an ambulance or ambulances in this state **MUST** file an Application for Registration of Ambulance and be issued an Ambulance Certificate of Registration for **each** ambulance to be operated.

### APPLICATION

- A. separate application is required for **each** ambulance to be registered.
- 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 12-820.01 or 12-820.02.

### GENERAL INFORMATION ON COMPLETION OF FORM

1. Complete **all** required items on the application form, and be sure to sign and date the form where indicated.
2. Check or "X" appropriate box at top of form to indicate if application is for the **initial** registration or the **renewal** registration of the ambulance.
3. In the **name of ambulance service** space reflect your **CERTIFICATED** name including any dba.
4. In the **vehicle make** space list the manufacturer of the ambulance (such as Chevrolet, Dodge, Ford, GMC).
5. In the **vehicle I.D. number** space list the **entire** vehicle I.D. number.
6. In the **unit number** space list the unit number that your ambulance service has assigned to this specific ambulance.
7. Indicate the most common location where the ambulance is stationed.
8. Provide the name of the person responsible for handling registration matters and arranging for the inspection of the ambulance, including the person's telephone number.

### FEES

1. A registration fee of \$50 is required for either the initial or the renewal registration of **each** ambulance.
2. An annual regulatory fee of \$200 is required for **each** ground ambulance to be registered, which is to be collected at the same time as the registration fee.

Approved 5/2001  
Revised 7/2016