Municipality of Anchorage Anchorage Fire Department APPLICATION FOR AMBULANCE SERVICE LICENSE

For application to be considered, all questions must be answered. Please refer to the *Municipality of Anchorage's Code 16.100 Private Ambulance Services*.

Payment MUST accompany application.

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 Attach proof that the personnel required to operate the ambulance that section 16.100.090 requires to be aboard each vehicle to be operated as an ambulance as of the effective date of the license. 			
Attachment	No Attachment (please indicate reason):		
	nt has acquired and installed the equipment that section board each vehicle to be operated as an ambulance as of ise.		
Attachment	No Attachment (please indicate reason):		
10. Identification of the vehicles to be operated as ambulances by vehicle registration number, VIN number make, model, and year. Proof that both the body and mechanics of each of them are in good repair, and proof that the applicant is lawfully entitled to use those vehicles for the purpose of an ambulance service.			
Number of vehicle(s	5):		
Attachments: Proof that body and mechanics are in good repair Proof that the applicant is lawfully entitled to use vehicle(s) for purpose			
		to ambulance servic	ce.
		11. Complete description of the a compliance with Section 16.	ambulance markings and color scheme to be used in 100.070.
Attachment	No Attachment (please indicate reason):		
12. Proof of prior approval of sta	nding orders by the Emergency Medical Service Board.		
Attachment	No Attachment (please indicate reason):		
13. Proof of current registration with the State of Alaska as an emergency medical service.			
Attachment	No Attachment (please indicate reason):		