

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.

1. Date of Application:
2. Application Type: <div style="text-align: center; margin-top: 10px;"> Initial Application Business Plan MUST be attached Renewal </div>
3. Type of License Requested (<i>check only one</i>): <div style="text-align: center; margin-top: 10px;"> Type I Type II Type III </div>
4. Business name, address, and telephone number:
5. A. Complete list of the name, address, email address, and telephone number for every person who shall have a financial or proprietary interest in the license or licensee. B. Proof that the application is at least 18-years of age. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Attachment No Attachment (please indicate reason): </div>
6. Identification of the EMS Medical Director (name, address, and telephone number):
7. Attach proof of insurance for all vehicles to be operated as ambulances: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Attachment No Attachment (please indicate reason): </div>

