



State of Delaware
State Fire Prevention Commission
Delaware Fire Service Center
(302)739-3160 Fax (302)739-4436
1463 Chestnut Grove Road, Dover, Delaware 19904

Renewal Ambulance Service Provider Licensing/Permit Application Process

The Delaware State Fire Commission will send Licensing/Permit Renewal reminders to each Ambulance Service Provider. The reminder will be sent via email address provided by the Ambulance Service Provider. However, the absence of such a reminder does not in any way justify a company's failure to renew the Ambulance Service Licensing/Permit. When all the information provided in the application is correct, the designated representative of the Delaware State Fire Prevention Commission will issue an Ambulance Service Permit valid for 12 consecutive months from January 1 of the current year. **NON-Emergency Ambulance Service Providers - After the Ambulance Service Permit and stickers have been received, the Company's Director of Operations or a designated employee shall ensure all units have the current expiration sticker adhered in the designated area.** In order to ensure uninterrupted ambulance service operations, Ambulance Service Providers must submit a renewal application within 30 days, but not more than 60 days, prior to the Ambulance Service Permit expiration date. Providing ambulance service after the Ambulance Service Permit expiration date may result in a citation. (Title 16, Chapter 67, §6717 g)

The following is an explanation of the items required for the renewal application:

1. Application complete and accurate.
2. Certificate of Liability Insurance showing the Delaware State Fire Prevention Commission as a certificate holder and the insurance coverage as stated in the Ambulance Service Regulations.
*The Primary, Secondary or Non-Emergency Ambulance Service Provider must provide proof of liability insurance in the amount of \$1 Million blanket liability coverage and proof of automobile liability insurance in the amount of \$1 Million individual, \$3 Million aggregate per occurrence.
3. Ambulance List completed and accurate with vehicle information.
4. Employee/Member List completed and accurate with required information.

NON-Emergency Ambulance Service Providers must submit items 1-4 along with 5-7 below:

5. Copy of Delaware Business License.
6. Copy of a current Driver's License for each person listed as the owner of the company and the Director of Operations.
7. Copy of the Contract(s) for Non-Emergency Ambulance Service.

Ambulance Service Providers are required to advise the Delaware State Fire Prevention Commission or its designated representative on any changes within the company, including, but not limited to Company contact information and Contracts for NON-Emergency Ambulance Service Providers.



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Application for Renewal of Ambulance Service Provider Licensing/Permit

To the Delaware State Fire Prevention Commission: In conformity with the Ambulance Service Regulations for the State of Delaware, renewal application for the Ambulance Service Provider is hereby submitted, information is provided below:

Primary Secondary Non-Emergency Ambulance Provider

Ambulance Service Provider Full Name: _____

Mailing Address: _____

Physical Address: _____

Phone #: _____ **Fax#:** _____ **Email Address:** _____

Has the applicant, or anyone associated with the applicant had an Ambulance License/Permit revoked or denied in any other state? Yes or No

Has the applicant had any complaints or disciplinary action in another state since last Delaware Licensure? Yes or No

By signing below, we have read and understand the Ambulance Service Regulations set forth by the Delaware State Fire Prevention Commission and will ensure compliance. We understand non-compliance may result in a citation or revocation of our Ambulance Service Provider License/Permit.

Fire Chief or Owner Signature

EMS Officer or Director of Operations Signature



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Renewal Applicant Employee/Member List

In conformity with the Ambulance Service Regulations for the State of Delaware, The Ambulance Service Provider listed below is submitting the roster of the member(s) and employee(s) (to include EMT's and Driver's) who will be staffing the ambulance(s) as of the date on this document, submitted for verification purposes:

Ambulance Service Provider Name: _____

#	Person Number (Aka DE EMT #)	Employee / Member Name (Last Name, First, and Middle Initial)
1		
2		
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I hereby certify that none of this company's members or employees have ever been convicted of an offense that constitutes any of the crimes set forth in 16 DEL.C.6647 or any similar offense under any Federal, State or Local Law. If any member or employee(s) status changes regarding this, we will notify the Delaware State Fire Prevention Commission in writing immediately.

Fire Chief or Owner Signature

EMS Officer or Director of Operations Signature



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Ambulance Service Provider Name: _____

#	Person Number (Aka DE EMT #)	Employee / Member Name (Last Name, First, and Middle Initial)
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
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I hereby certify that none of this company's members or employees have ever been convicted of an offense that constitutes any of the crimes set forth in 16 DEL.C.6647 or any similar offense under any Federal, State or Local Law. If any member or employee(s) status changes regarding this, we will notify the Delaware State Fire Prevention Commission in writing immediately.

Fire Chief or Owner Signature

EMS Officer or Director of Operations Signature



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Applicant Ambulance List for: _____ (Year)

New Renewal

To the Delaware State Fire Prevention Commission: In conformity with the Ambulance Service Regulations for the State of Delaware, The Ambulance Service Provider listed below request permission from the Delaware State Fire Prevention Commission to operate the following Ambulance Vehicles. This is to certify that a qualified member of our organization has inspected the ambulance designated above and the equipment and supplies carried complies with the State Fire Prevention Commission Equipment Regulations. I also understand that falsification of this information can lead to the revocation of permit to operate this unit in the State of Delaware.

Ambulance Service Provider Name: _____

Delaware Business License Number: _____

Insurance Carrier: _____ **Policy #:** _____ **Phone #:** _____

(Medical Director information must be filled out for NON-Emergency Ambulance Service Providers only)

Medical Director Name: _____ **Medical License #:** _____

Business Address: _____

Phone #: _____ **Fax #:** _____ **Email Address:** _____

(NON- EMERGENCY AMBULANCE SERVICE PROVIDER ONLY)

Owned by the following person(s): Last, First, and Middle Initial: _____

Home Address: _____

Driver's License # and State: _____

Director of Operations Name: _____ **Driver's License # and State:** _____

Fire Chief or Owner Signature

EMS Officer or Director of Operations Signature



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AMBULANCE LIST

Ambulance Service Provider Name: _____

#	Unit ID	Year and Make	Vin No.	License No.
1				
2				
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4				
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