



New Process to Submit your Ambulance License-Permit Renewal Application

Before you can begin your process of the Application for Ambulance Renewal.

- 1. You must be approved by System Administrator Christine.Murabito@delaware.gov for access to the Client Portal. You also must have a current email under the Client Contact Manager. (This would be from what your company reports on the Annual Fire Co. Officer List Report to the Fire Commission)**

Go to URL: <https://de.lmep.tech/register> All persons requesting access must have a my.delaware.gov account.

If you already have access to LMEP as Staff or Instructors but are a client officer as well and need access to Client Portal; Sign in to LMEP and in the upper right corner, click your name in circle, click Client Access. A list will show; click the blue ones which you don't have access to; to request access. An email will be sent to you when the request is approved.

Client Access is good for ONE YEAR from the time of activation.

- 2. Approval Granted, now you can log in to Client Portal to get started. Pages 14-17 will walk you through the process (See Below)**
- 3. The Application attached is for you to know what information will be needed from you to process and submit your Application through LMEP.**

AMBULANCE RENEWALS

To renew an ambulance permit/license, complete the application by choosing Ambulance Renewal Tab.

The screenshot shows the top navigation bar of the Cheswold Fire Company system. The 'Ambulance Renewal' tab is highlighted with a red box. Below the navigation bar, the company name 'CHESWOLD FIRE COMPANY' is displayed. The main content area is divided into two sections: 'Primary Contact' and 'Client Contacts'. The 'Primary Contact' section shows the name 'Tucker Dempsey' and email 'tucker.dempsey@delaware.gov'. The 'Client Contacts' section shows a dropdown menu with 'Jeff Brown' selected.

To complete the renewal application:

Click on the icon to [Start New Permit Renewal Application](#).

The screenshot shows the 'Ambulance Permit Renewal' page. At the top center is a blue icon of a fire station. Below the icon, the text 'Ambulance Permit Renewal' is displayed. There are two buttons: 'Download current permit' and 'Start New Permit Renewal Application'. The 'Start New Permit Renewal Application' button is highlighted with a red box. At the bottom of the page, there are three tabs: 'EMTs', 'Units', and 'Created'.

Step 1: Cover Sheet

- Mark the box(es) that apply: Primary, Secondary, Non-Emergency Ambulance Provider.

The screenshot shows the 'Application for Renewal of Ambulance Service Provider Licensing/Permit' cover sheet. At the top, there is a progress bar with six steps, where step 1 is highlighted. Below the progress bar, the text reads: '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:'. Below this text, there is a section labeled 'Application For:' with three radio button options: 'Primary', 'Secondary', and 'Non-Emergency Ambulance Provider'. The entire section is highlighted with a red box.

- Verify that all contact information on the page is correct.

Contact Details:

Ambulance Service Provider Full Name: CHESWOLD FIRE COMPANY		Delaware Business License Number:	
Physical Address	Mailing Address	In State Physical Address	In State Mailing Address
P. O. BOX 186 371 MAIN STREET CHESWOLD DE Kent County 19936	CHESWOLD FIRE COMPANY P. O. BOX 186 371 MAIN STREET CHESWOLD DE Kent County 19936	Delaware	Delaware
Phone: 302-736-1516 Fax: 302-736-6237 Email: tucker.dempsey@delaware.gov		Phone:	Email:

- Read Declaration – check Yes if appropriate – leave blank if the answer is No.

Declaration

Has the applicant, or anyone associated with the applicant had an Ambulance License/Permit revoked or denied in any other state? If yes, please attach a statement to this application advising to include the reason for denial or revocation and the state in which this occurred.

Yes

Has the applicant had any complaints or disciplinary action in another state since last Delaware Licensure?

Yes

- Click **Save Application** before clicking **Next**.

Step 2: EMTs

- Search for the EMT associated with the ambulance by **EMT# (badge#)** or by **name** if number is unknown. Select the correct EMT and verify EMT# is correct (if known).

1 **2** 3

EMT#

Name

EMTs

Badg CARMEN CAREY (47932)

ELIZABETH M CAREY (23)

- Continue to add to the list until ALL EMTs for your company are listed.

Name	Badge#
ELIZABETH M CAREY	23
CHRISTINE MURABITO	9

- Read the statement and mark “I agree” if the statement is correct.

I hereby certify that none of this company's members or employees have ever been convicted of an offense

I agree

- Click **Save Application** *before* clicking **Next**.

Step 3: Insurance & Medical Director Information

This page is to be completed only by those that have marked Non-Emergency Ambulance Provider (with or without additional designations).

- Complete ALL fields on this page in relation to non-emergency ambulance providers only.

Insurance & Medical Director Information

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 #

Director of Operations Name Fax #

Email #

Drivers License # and State

- Click **Save Application** *before* clicking **Next**.

Step 4: Units

- Add ALL ambulances utilized by the company. Enter the VIN number of each ambulance in the search bar.

Units

VIN Number#

Unit ID	Year and Make	VIN
<small>Please add your Ambulances</small>		

❖ If the VIN is correct, the vehicle information will auto-fill the fields.

Units

VIN Number#

Unit ID	Year and Make	VIN	License Plate
A43	2013 - FORD	1FD0F4GT3D0890264	A43

- ❖ If it is not correct, a message will appear stating **VIN not recognized**. A correct VIN is needed to continue.

- Once all units are entered, read the statement and mark “I confirm” if the statement is accurate.

- Click **Save Application** *before* clicking **Next**.

Step 5: Attachments

- Add any supporting documents needed for the application.

- Select the file from your device, enter a File Name or leave what the system populates it to be (usually the name of the file), and select whether it's an Image, Document, or Certificate. Click the “Start Upload” button. Multiple attachments can be uploaded.
- Click **Save Application** *before* clicking **Next**.

Step 6: Submit

- Read the acknowledgement and click **Submit** if in agreement.



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

Ambulance Service Provider Licensing/Permit Application Process

The Delaware State Fire Commission will send Licensing/Permit reminders for renewals 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 application: (New: 1-7, Renewal 1-4)

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.
5. Copy of company's QA/QI Process for Glucometers.
6. Infection Control Compliance according to Title 16, Chapter 10A.
7. HIPPA Compliance according to Title 16, Chapter 12 (secured location for patient information)

NON-Emergency Ambulance Service Providers must submit items 1-7 (New) 1-4 (Renewal) along with 8-10 below:

8. Copy of Delaware Business License.
9. Copy of current Driver's License for each person listed as the owner of the company and the Director of Operations.
10. 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 Ambulance Service Provider Licensing/Permit

Year: _____

New Renewal

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 Corporate Name: _____

Physical Address: _____

Mailing Address: _____

Phone # _____ Email Address: _____

Doing Business in Delaware as: _____

Physical Address: _____

Mailing Address: _____

Phone # _____ 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

Date: _____



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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		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
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19		
20		

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		
32		
33		
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40		

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 Employee/Member List

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Ambulance Service Provider Name: _____

#	Person Number (Aka DE EMT #)	Employee / Member Name (Last Name, First, and Middle Initial)
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
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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

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				
3				
4				
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