



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

New Ambulance Service Provider Licensing/Permit Application Process

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. Before an application is approved an inspection of the office and ambulance(s) is required. It is the Ambulance Service Provider responsibility to contact the Delaware State Fire Prevention Commission designated representative to schedule an inspection. Please be sure when the ambulance is scheduled for inspection, it has all required equipment on it and all equipment is in normal working condition (as the manufacture intended). After all documentation is received and the inspections are completed, the designated representative will forward the application packet to the Delaware State Fire Commission for final review. Once a decision is made you will be notified within 5 days. Non-Emergency Ambulance Service Providers once you are notified you will need to schedule an appointment to have the Ambulance Permit Stickers placed on your ambulance(s). An Ambulance Service Permit, when issued is, valid until December 31st of the year issued.

The following is an explanation of the items required for the company's application:

1. Application complete and accurate. Information must be legible, typed or written. Applications that are not legible will not be accepted.
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 the company's QA/QI Process for Glucometers.
6. Infection Control Compliance according to Title 16, Chapter 10A.
7. HIPAA Compliance according to Title 16, Chapter 12 (secured location for patient information)

NON-Emergency Ambulance Service Providers must submit items 1-7 along with 8-10 below:

8. Copy of Delaware Business License.
9. Copy of a current Drivers License for each person listed as the owner of the company and the Director of Operations.
10. Copy of the Contract for Non-Emergency Ambulance Service.



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Application for New Ambulance Service Provider Licensing

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

Primary Secondary Non-Emergency Ambulance Provider

Ambulance Service Provider Full Name:

Delaware Business License Number:

Mailing Address:

Physical Address:

Phone #:

Fax#:

Email Address:

Owned by the following person(s) (NON- EMERGENCY AMBULANCE SERVICE PROVIDER ONLY)

Last, First and Middle Initial	Home Address	Drivers License# & State

Insurance Carrier:

Phone #:

Policy #:

(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:

Director of Operations Name:

Drivers License # and State:

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

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.

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 Date

EMS Officer or Director of Operations Signature Date



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New 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 members and employees(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: _____

Date: _____

	Employee/Member Name Last, First and Mid. Intl	EMT Level	DE EVO	Drivers License#	Delaware EMT # and expiration date	Employee	Member	Verified by Compliance Officer (Official use only)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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 employees status changes regarding this, we will notify the Delaware State Fire Prevention Commission in writing immediately.

 Fire Chief or Owner Signature Date

 EMS Officer or Director of Operations Signature Date



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New Applicant Ambulance List

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:

Ambulance Service Provider Name: _____

Date: _____

	UNIT ID	YEAR AND MAKE	VIN	LICENSE PLATE#	SFPC INSPECTOR INITIALS (Official use only)	Inspection(s) Permit Issued – Expiration Date (official use only)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Fire Chief or Owner Signature Date

EMS Officer or Director of Operations Signature Date