



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**EMERGENCY MEDICAL SERVICES & INJURY PREVENTION SYSTEM BRANCH**  
LEAHI HOSPITAL, TROTTER BASEMENT  
3675 KILAUEA AVENUE  
HONOLULU, HAWAII 96816  
PHONE: (808) 733-9210  
FAX (ADMINISTRATION): (808) 733-9216  
FAX (FISCAL/BILLING/MEDICAL RECORDS): (808) 733-8332

In reply, please refer to:  
File:

**APPLICATION**  
**AMBULANCE SERVICE LICENSE**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Ambulance Service / Firm / Agency

\_\_\_\_\_  
Name/Title of Person Responsible for Operation

\_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Ambulance Service Medical Director: \_\_\_\_\_

I. List of Each Ambulance Vehicle / Aircraft to be Licensed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

II. Number of Advanced Life Support Ambulance Units  
Applicant will operate. \_\_\_\_\_

a. Location of each Unit (attach if necessary).

III. Number of Basic Life Support Ambulance Units  
Applicant will operate. \_\_\_\_\_

a. Location of each Unit (attach if necessary).

IV. Number of Certified Emergency Medical Technicians  
as Primary Crew Members. \_\_\_\_\_

a. Attach a list of Personnel and AT License Number.

V. Number of Certified Mobile Intensive Care Technicians  
as Primary Crew Members. \_\_\_\_\_

a. Attach a list of Personnel and ATP License Number.

VI. Insurance Coverage

a. No-Fault Insurance Company: \_\_\_\_\_

No-Fault Benefits \$\_\_\_\_\_ per person

Liability Coverage \$\_\_\_\_\_ injury or death / any one person

Liability Coverage \$\_\_\_\_\_ property & vehicle

b. Professional Liability Insurance Company:

\_\_\_\_\_

\_\_\_\_\_

Coverage: \_\_\_\_\_

I hereby certify that the information provided herein is true and correct and that ambulance service, ambulance vehicles/aircrafts, equipment, and supplies shall be maintained at the level of service stated in accordance with Administrative Rules Title 11, Chapter 72.

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_