



JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIAINA O KA MOKUINA O HAWAII

KENNETH S.FINK, MD, MGA, MPH.
DIRECTOR OF HEALTH
KA LUNA HOOKELE

**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. License plate #.

- 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: _____