APPLICATION – EMS AGENCY CERTIFICATION
STATE OF NEW MEXICO - EMERGENCY MEDICAL SYSTEMS BUREAU
1301 Siler Road, Building F; Santa Fe, New Mexico 87507

PLEASE TYPE or PRINT; APPLICATION MUST BE NOTARIZED.

New Application	☐	Renewal Application	☐	Service Number_____		Date _____

Indicate the **county** in which you wish to certify and the **number of Medical Rescue units** utilized by your agency.

County	_____	**Number of units**	

Please attach a Company Check, Money Order or Purchase Order to each application payable to the NM EMS Bureau. Fee structure listed below (Initial and Renewal).

EMS Agency (Transport Capable Medical Rescue and Non-Transport Medical Rescue):	☐ **Up to 3 Vehicles** -$100.00 ☐ **4-10 Vehicles** - $150.00 ☐ **More than 11 Vehicles**- $200.00	☐ **Special Event EMS** - $100.00 ☐ **Emergency Medical Dispatch** - $100.00	$ _____ +$_____ +$_____ =_____	***Late Fee** No late fees will be assessed during this initial application cycle.

County/Municipality or Owner/Parent Company Name						
Address		City		State		Zip Code
Telephone number		Fax number		E-Mail		

District Name/Number or Title of "Doing Business As" (DBA)						
Address		City		State		Zip Code
Telephone number		Fax number		E-Mail		

Medical Director			NM Medical License Number			
Address		City		State		Zip Code
Telephone number		Fax number		E-Mail		

Director/Chief or individual responsible for operation of service:		Name				
Address		City		State		Zip Code
Telephone number		Fax number		E-Mail		

Dispatch Center						
Address		City		State		Zip Code
Telephone number		Fax number		E-Mail		

Insurance Company/Agent Name	

Address		City		State		Zip Code	

Telephone number		Fax number		E-Mail	

Attachments (#1-6) required, if applicable to complete the application:

1. __ Certificate of Insurance showing: Bodily Injury (Each person $1,000,000, Each accident $2,000,000)
   - Property Damage (Each accident $1,000,000)
   - Professional Liability (Each person $1,000,000, Each accident $2,000,000)
   - Workman's Compensation
2. __ Drug list approved by the Medical Director for use in the field (signed and dated by Medical Director).
3. __ List of physical locations and GPS coordinates, including main stations and sub-stations, where Medical Rescues are located. Please include a map of the service area with these locations indicated, as well as what apparatus reside(s) there.
4. __ List of personnel currently providing service. The list should include EMS license numbers and expiration dates of these licenses for all personnel, including EMD personnel where applicable. Please also include NM Driver License numbers and expiration, as well as proof of additional driver training certification (CEVO, EVOC, or Defensive Driver) and the expiration of these certificates.
5. __ List of current Medical Rescues, including the unit number, model year, make, type, and maximum patient capacity for each vehicle
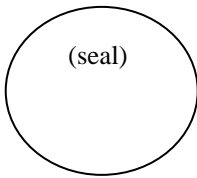6. __ Motor Vehicle Inspection form completed for each vehicle with Mechanics Safety Inspection and Report.

*Please create a binder with a section for each attachment (#1-6) to be submitted with this form at time of application / renewal.

I hereby certify that the information provided in this application is true to the best of my knowledge and belief. The information and documentation provided contains no willful misrepresentations and/or falsification. All documentation provided has been verified and updated within thirty (30) days prior to submission of this application.

Certification of a Medical Rescue based on false information constitutes grounds for service certification revocation, licensure disciplinary action and possible criminal prosecution under State law.

Applicant's Signature		Date Signed	
Please **Print Name** and **Title**		Telephone #	

SWORN AND SUBSCRIBED TO BEFORE ME THIS | | *DAY OF* | | *20_____, IN THE*

COUNTY OF | | *STATE OF NEW MEXICO.*

Signature of Notary | |

My Commission Expires | |

(seal)

(For Office Use Only)							
Date Received		Documents checked?		Fee paid		Inspection Completed	
Remarks:							

Approved?	Yes		No	Pending	Date		Certification #	
Signature of Reviewer:								