



BEAUMONT
Public Health

City of Beaumont
Department of Public Health
Emergency Medical Services

FOR OFFICE USE ONLY	
Received	_____
Paid	_____
Approved	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

Ambulance Service Permit Application

To the Department of Public Health of the City of Beaumont, Texas: In conformity with the City Ordinance, application for an Ambulance Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Ambulance Service Full Name		TX-DSHS Provider License #	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone #	Fax #	E-mail Address	

Owned by the following person(s):

Last and First Name	Home Address	Driver License #

Vehicle Liability Insurance Provider	Insurance Agent's Name	Telephone #
Minimum Amount Per Accident \$	Per Person Injured \$	Policy Number

Medical Director	Medical License #		
Business Address	City	State	Zip Code
Telephone #	Fax #	E-mail Address	

Director of Operations or Agent responsible for the local operation of the Ambulance Services described above:

Last and First Name	Driver License #	Telephone #	E-mail Address
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State of Texas _____ § _____

County of Jefferson _____ § _____ Signature of Claimant

Before me, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the forgoing application and, being by me first duly sworn, declared that the statement therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20 ____ .

Notary Public Seal

Notary Public Signature



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In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the City of Beaumont Public Health to operate the following ambulance vehicles:

#	Type	Year	Make	Vehicle ID Number	License Plate #	TX-DSHS Provider #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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30						

EMS Provider Name

Date



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In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the City of Beaumont Public Health to staff its ambulance with the following employees:

#	Employee Name Last, First	EMT Level	Expiration Date	Texas DL Number	Daytime Telephone #	Driver's Permit #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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16						
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27						
28						
29						
30						

EMS Provider Name

Date