



**City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589**

APPLICATION FOR AMBULANCE PERMIT

DATE _____

A. I hereby make application to the Beaumont Public Health Department to operate an ambulance in accordance with the provisions of Sections 29-20 to 29-39, Code of Ordinances, City of Beaumont, Texas.

B. Company Name _____

Address _____ Phone _____

Owner of Vehicle _____

Address _____ Phone _____

Name of Applicant _____

Address _____ Phone _____

Owner of Vehicle _____

Address _____ Phone _____

Vehicle License No. _____ Make _____

Model _____ Motor No. _____

Permit No. _____ Expiration Date _____

Permit Fee _____ *Permit is non-transferable.*

State Permit # _____ Expiration Date _____

PERMIT IS TO BE ATTACHED TO THE LOWER RIGHT HAND CORNER (OPPOSITE DRIVER'S SIDE) OF THE WINDSHIELD.

C. Is public liability and property damage insurance carried in accordance with the provisions of Sections 29-20 to 29-39, Code of Ordinances, City of Beaumont, Texas, to be in full force for the complete term of the permit to be issued? YES ' NO '

D. Is a Certificate of Insurance attached? YES ' NO '

E. Are there any delinquent taxes due the City upon this ambulance or any other ambulance operated in your service? YES ' NO '

F. Do you have a valid ambulance permit issued by the Texas State Board of Health, pursuant to Article 4590-b, Vernon's Annotated Texas Civil Statutes? YES ' NO '

G. Has the applicant, an employer or any employee of the applicant, or any person residentially domiciled with the applicant, an employer or any employee of the applicant had an ambulance permit revoked within one year preceding the date of this application?

YES ' NO '

H. Is this ambulance equipped with radios attuned to the frequencies of the police or fire departments?

YES ' NO '

I. Is this ambulance equipped with the equipment required and recommended by the Rules and Regulations of the Texas State Board of Health pursuant to Article 4590-b, Vernon's Annotated Civil Statutes?

YES ' NO '

J. Do ambulance personnel have licenses as required under Sections 29-25 to 29-35, Code of Ordinances, City of Beaumont, Texas?

YES ' NO '

K. Is application form for City of Beaumont Ambulance Driver's License attached?

YES ' NO '

L. Is this ambulance equipped with a fully operational two-way radio communications system with at least two frequencies, one of which is attuned to a frequency assigned to a hospital(s) in Beaumont having emergency medical facilities?

YES ' NO '

M. Has applicant paid the twenty dollar (\$20) permit fee in compliance with Section 29-22, Code of Ordinances, City of Beaumont, Texas?

YES ' NO '

I, _____, do solemnly swear that the attached information given by me is true and correct to the best of my knowledge and belief.

Signature of Affiant

Street Address

City and State

Subscribed and sworn to before me this _____ day of _____, 20____.

**NOTARY PUBLIC IN AND FOR
JEFFERSON COUNTY, TEXAS**

APPROVED **DISAPPROVED**

Beaumont Public Health Department

By _____

Date _____