



**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. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner of Vehicle \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle License # \_\_\_\_\_ Unit #: \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ VIN # \_\_\_\_\_

City of Beaumont Permit # \_\_\_\_\_ 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 29-23 , 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 Department of State Health Services, pursuant Title 9, Chapter 773 of the Texas Health and Safety Code? 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 Department of State Health Services, pursuant Title 9, Chapter 773 of the Texas Health and Safety Code?  
YES ' NO '
- J. Do ambulance personnel have Identification Cards as required under Section 29-32, Code of Ordinances, City of Beaumont, Texas?  
YES ' NO '
- K. Is application form for City of Beaumont Ambulance Identification Card 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-five dollar (\$25) 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 \_\_\_\_\_**