

# Non-Emergency Transfer Service Permit Application Check List

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Please review this form when completing the permit application packet. Completed application packets should contain each of the items listed below. Incomplete packets will not be accepted; inspections will not be scheduled until a completed and approved packet has been submitted. Should you have any questions, email [firecode@tomballtx.gov](mailto:firecode@tomballtx.gov) or call 281-290-1440.

1. \_\_\_ Completed Application.
2. \_\_\_ Application fee- \$500.
3. \_\_\_ Inspection fee- \$100 per vehicle.
4. \_\_\_ Address, phone number, email address for the following:
  - a. \_\_\_ All stations where ambulance and crews are housed
  - b. \_\_\_ Dispatch Center
5. \_\_\_ Declaration of Medical Director
  - a. \_\_\_ A copy of the signed medical director contract or agreement.
  - b. \_\_\_ Documentation that the physician is in good standing with the Texas Medical Board (TMB) and in compliance with Texas Medical Board Rules (particularly 22 TAC, Section 197) and with Title 3 of the Texas Occupations Code.
6. \_\_\_ Declaration of Ownership – submit on letterhead with a signature of the appropriate authority. This must be a notarized document. Documents indicating the name of the organization and identifying specific owners include articles of incorporation or formation, as well as a notarized document indicating who the current shareholders are and who is currently serving on the board of directors.
7. \_\_\_ Declaration of Administrator – submit on letterhead with a signature of the appropriate authority. This must be a notarized document. The administrator must be declared by submitting a notarized document declaring the full name of the chief administrator, his/her mailing address and telephone number to whom the department shall address all official communications in regard to the Permit.
8. \_\_\_ Copy of Doing Business Under Assumed Name Certificates (DBA) – This/these certificates is/are required if the “Name of Person(s) or Organization Responsible for License” is different than the “Provider/Operating Name.”
9. \_\_\_ The “Provider/Operating Name” is the name you present to the public, i.e. have on the side of your ambulance(s).
10. \_\_\_ Copy of latest tax receipt proving payment of personal property/ad valorem taxes on emergency equipment.

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11. \_\_\_\_ Completed City of Tomball Non-Emergency Transfer Ambulance Vehicle Form
12. \_\_\_\_ City of Tomball Non-Emergency Transfer Ambulance Personnel Form with copies of background investigations, including criminal history for all employees.
13. \_\_\_\_ Copy of:
  - a. \_\_\_\_ Current DSHS EMS Provider License
  - b. \_\_\_\_ Proof of financial responsibility as required by Chapter 27 “Emergency Medical Services and Ambulance Regulations”
  - c. \_\_\_\_ DEA and DPS Controlled Substance License, as applicable
14. \_\_\_\_ Copy of current approved clinical protocols containing all of the following:
  - a. \_\_\_\_ An original physician’s signature.
  - b. \_\_\_\_ Effective/expiration and last reviewed dates which correspond with the Provider’s DSHS license;
  - c. \_\_\_\_ Procedures for each EMS certification or license level utilized by the Medical Director
  - d. \_\_\_\_ All required and specialized medical equipment carried in any ambulance in the Provider’s fleet
15. \_\_\_\_ Copy of current approved “Minimum Equipment List” with an original physician’s signature.
16. \_\_\_\_ Copy of the company’s current Policy and Procedure Manual
17. \_\_\_\_ Copy of the company’s Quality Assurance Plan, which shall contain:
  - a. \_\_\_\_ Pharmaceutical storage
  - b. \_\_\_\_ Readiness inspections
  - c. \_\_\_\_ Preventive maintenance
  - d. \_\_\_\_ Complaint management
  - e. \_\_\_\_ Patient care reporting and documentation.
18. \_\_\_\_ Photos of each ambulance to be permitted. (Photo’s shall include all four (4) sides with licenses plates readable). Vehicles shall not have the words; have “Emergency Ambulance”, “Emergency”, “911” or similar markings.
19. \_\_\_\_ Copy of current usual and customary fee schedule.

City of Tomball  
 Non-Emergency Transfer Ambulance Permit  
 Application

Department Use Only
Permit # _____

This application, fee, and required documents shall be submitted to THE CITY OF TOMBALL

Type of Permit being requested: \_\_\_\_\_ Initial Permit          \_\_\_\_\_ Renewal Permit

Provider Name:			
Other Names used by this Provider:			
Street Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
County:		County:	
Administration Telephone:		Dispatch Telephone:	
Administrative Fax:		Dispatch Fax:	
Owner Name:		Telephone:	
E-mail Address:		Fax:	
Operations Director Name:		Telephone:	
E-mail Address:		Fax:	
Medical Director Name:		Telephone:	
E-mail Address:		Fax:	
Mailing Address:			

**Application Fee:** \$500 per application, **Vehicle Inspection Fees:** \$100  
**Make Payment to: THE CITY OF TOMBALL** **Total Amount Collected: \$** \_\_\_\_\_

<b>Total Number of Vehicles to be permitted:</b>	<b>Total Authorizations Requested At Each Level:</b>			
	BLS:		ALS:	
	BLS with ALS Capability:		ALS with MICU Capability:	
	BLS with MICU Capability:		MICU:	

I, \_\_\_\_\_, submit this application on behalf of the above named entity, to the City of Tomball, Texas. I hereby affirm and declare that all information submitted on this form is true and correct. I further affirm and declare that neither I, nor any employee of my organization, have been convicted of a crime greater than a Class C misdemeanor. Additionally, I have provided, as a part of this application, copies of any claims, pending lawsuits or judgments against the above named entity. It is understood that false statements of information on this application may be considered as sufficient cause for revocation or denial of permit. I shall also notify the City of addition(s) or substitution(s) of vehicle(s), a change in provider name, ownership, change in medical director, permanent or long-term change in level of service, and any other responsibility.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS AREA - FOR CITY OF TOMBALL USE ONLY**

Application Received by:	Date Received:	Comments:
Documents Reviewed by:	Signature and Date:	
Inspector:	Signature and Date:	
Total Inspected	Total Passed	

**The permit may be revoked if it is procured by fraudulent conduct or false statement of material fact in this application; or the permit holder violates, within the City Limits, any applicable provision of this Code, State Law or City Ordinance, rule or regulation.**



