

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
APPLICATION FOR AIR AMBULANCE PERMIT

NAME OF SERVICE _____ **PROVIDER ID#** _____

ADDRESS _____ PHONE (____) _____

CITY _____ COUNTY _____ ZIP CODE _____

- | | |
|---|---|
| <p>1. TYPE OF APPLICATION</p> <p>A) _____ New
B) _____ Renewal
C) _____ Duplicate</p> | <p>2. TYPE OF PERMIT REQUESTED</p> <p>A) Prehospital(PH) _____
B) Interfacility(IF) _____
 1. Fixed Wing _____
 2. Rotor Wing _____
C) Both PH and IF _____</p> |
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3. AIRCRAFT DATA

Make	Model	Year	FAA#	Permit #

4. Attach a copy of FAA Part 135 certificate (all of parts A and D included). If name of certificate holder is not the applicant, include a letter of agreement or contract between the applicant and the Part 135 certificate holder for the aircraft listed on this application.

5. Attach a copy of the air worthiness certificate.

6. Enclose permit fee - **PLEASE DO NOT SEND CASH**. Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin C-30, Tallahassee, FL 32399-1738.

ALL FEES ARE NONREFUNDABLE. § 401.34(1) Fla. Stat.

I, the undersigned representative of the above firm, do hereby affirm that the above described aircraft will be staffed, equipped and medically supplied and that all equipment and medical supplies will be in good working order, during patient transport, in accordance with Chapter 395 and 401, Fla. Stat. and Chapter 64J-1, Fla. Admin. Code. I also affirm that this aircraft meets and is maintained in accordance with all FAA requirements as documented in "4" above. Documentation of all crew member qualifications are included with DH Form 1575 Air Ambulance License Application.

NAME (PRINTED)	POSITION
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SIGNATURE	DATE
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FALSE OFFICIAL STATEMENTS: § 837.06, Fla. Stat.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.