

PRE-INSPECTION CHECKLIST

Prior to inspection, the following items must be completed and returned to appropriate county:

- _____ 1. **Application** for Ambulance Service License. Applicant and Medical Director signatures must be notarized.
- _____ 2. **Name & address** of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- _____ 3. **List of current ambulances** including year, make, type, patient capacity for each vehicle
- _____ 4. **Certificate of Motor Vehicle Condition Form** (completed for each vehicle)
- _____ 5. **Certificate of Insurance** showing the required liability coverage:

**Statutory Worker’s Compensation Insurance
Public Liability, Property Damage, Bodily Injury**

Each person \$ 1,000,000
Each accident \$ 2,000,000

Property Damage
Each accident \$ 1,000,000

Professional Liability
Each person \$ 1,000,000
Each accident \$ 2,000,000

(Do not send the Evidence of Insurance card that is typically kept in the glove box)

- _____ 6. **Drug list** approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director). Please submit an approved drug list with ambulance inspection packet. Also, please provide a copy of approved drug list for each ambulance unit at time of inspection. ****Please submit a separate drug list for ALS and BLS units****
- _____ 7. **List of personnel** providing ambulance service (please list all levels of state certified EMT’s and respective expiration dates)
- _____ 8. **List of locations** (central & sub-station), where ambulances will be located. Attach zoning authorization if appropriate.
- _____ 9. **Map of service area**
- _____ 10. **Check(s) or money order(s)** for the fees to the appropriate county.

When all of the paperwork and fees are received by the appropriate counties, the Ambulance Inspector will be contacted. Inspector will contact the ambulance company to schedule the inspection.

PLEASE MAKE SURE THAT YOUR AGENCY PROFILE IS CURRENT AND HAS BEEN SUBMITTED TO CDPHE

Adams	Arapahoe	Broomfield	Douglas	Elbert	Jefferson
720.523.6601	720.874.4046	720.887.2236	303.660.7589	303.805.6132	303.271.5700
Per unit cost					
\$115	\$115	\$115	\$100	\$115	\$115