

Ambulance and Stretcher Van Agency Renewal / Survey Form

A transport agency license is surveyed, renewed, or denied for renewal are subject to following regulations:
 Ground Ambulance [OAC 310:641-3-12 and 3-13.1] Air Ambulance [OAC 310:641-13-4 and 13-6]
 Specialty Care (Air and Ground) [OAC 310:641-11-4 and -11-6] Stretcher Van [OAC 310:641-17-4 and 17-6]

Service Name: _____ **License No.:** _____

Select one (Option 1 or Option 2):

<input type="checkbox"/> Option 1: Your agency license expiration date is June 30, 2024 . Your completed application must include: 1. Completed Renewal/Survey Form. 2. Renewal Fee: \$100 + (___ # of Substations X \$50) + (___ # of vehicles in excess of two X \$20). 3. Insurance verification of: <ul style="list-style-type: none"> • Current Vehicle Liability Insurance. • General (Professional) Liability Insurance. • Workers Compensation Insurance. 4. Mail all required forms and fees to: Financial Management-Emergency Systems Oklahoma State Department of Health PO Box 268823 Oklahoma City, OK 73126-8823	<input type="checkbox"/> Option 2 Your Agency License expiration date is June 30, 2025 Your completed application must include: 1. Completed Renewal/Survey Form 2. Insurance verification of <ul style="list-style-type: none"> • Current Vehicle Liability Insurance. • General (Professional) Liability Insurance. • Workers Compensation Insurance. 3. Completed forms may be <ul style="list-style-type: none"> • Emailed to Esystems@health.ok.gov; or • Faxed to 405-900-7560; or • Mailed to: Emergency Systems Oklahoma State Department of Health 123 Robert S. Kerr Avenue, Suite 1702 Oklahoma City, OK 73102-640.
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General Information:

Mailing Address: _____

Physical Address: _____

Record Retention Address: _____

Agency Phone: _____ Emergency Phone: _____

Office Hours: _____

The agency business hours are the hours someone is available to:

1. Receive business calls other than emergency requests for service;
2. Meet members of the public; and/or
3. Meet a representative from the Department for inspections.

Contact Information:

Director: _____ Email: _____ Phone: _____

Contact Person: _____ Email: _____ Phone: _____

Training Officer: _____ Email: _____ Phone: _____

Medical Director: _____ Email: _____ Phone: _____

Vehicles:

Total Number of OSDH Permitted Vehicles = _____

Complete the information below or provide the information separately.

Ground Unit Number	Vehicle Identification Number (VIN)	Aircraft Tail Number	Serial Number

Substations:

Number of Substations: _____

Complete the information below or provide the information separately.

Substation Name	Address	City	State	Zip

Note: OSDH–Emergency Systems may request additional information not included on this form, as needed.

I hereby certify that all information on this form is complete, true, and correct to the best of my knowledge.

Signature

Date

Print Name

Title

For further information:
 Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
 Telephone: 405-426-8480
 Fax: 405-900-7560
 Email: ESystems@health.ok.gov