



APPLICATION FOR EMS/AMBULANCE PERMIT

DATE: 10-9-24

APPLICANT: CareFlite

ADDRESS: 1789 Kingland St, Stephenville TX 76401

MAILING ADDRESS (IF DIFFERENT): 3110 S. Great Southwest PKW, Grand Prairie TX 75052

PHONE: 972-339-4200 NO. OF YEARS IN EMS BUSINESS: 40 plus

LIST LEVEL AND TYPE OF SERVICE TO BE PROVIDED:

BLS and ALS

LIST NUMBER OF AMBULANCE UNITS AND NUMBER OF PERSONNEL TO BE PROVIDED:

1 Ambulance

2 Employees 1 Paramedic 1 EMT

HOURS OF OPERATION AND AVAILABILITY: 24 hours 7 days

LIST ANY EXPERIENCE THE APPLICANT HAS HAD IN RENDERING SUCH SERVICES

CareFlite has been delivering BLS and ALS since 1979.

If a partnership, the names, of all partners, general and limited. If a corporation, its name, date, and place, of incorporation, the address of its principal place of business, the names of all its officers and directors. (Provide this information on a separate page).

NAME OF COMPANY: CareFlite - Non Profit

ADDRESS: 3108 S. Great Southwest Pkw, Grand Prairie TX 75052

PHONE: 972-339-4200



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INSURANCE COMPANY: VFIS Nation Fire
AGENT: Cottingham Butler
POLICY NUMBER: [REDACTED]
EFFECTIVE PERIOD: 10/1/2024 - 10/1/2025
AMOUNT OF LIABILITY: \$1,000,000

PLEASE ATTACH COPIES OF CURRENT INSURANCE POLICY AND TEXAS DEPARTMENT OF HEALTH PROVIDER LICENSE.

I certify that the statements in this application are true and correct. I realize they will be investigated and thereby authorize the release of any pertinent and appropriate information. I understand that misrepresentations on my part in completing this application will cause my application to become null and void.

SIGNED: [Signature]
DATE: 10/18/24

RECEIVED BY: Susan Foxenon DATE: 10/22/2024

REVIEWED BY: [REDACTED]

APPROVED BY COUNCIL:

FEE PAID: