

### Ambulance Permit Renewal Check List—2022/2023

Vendor	Contact Person
Arcata Ambulance	Doug Boileau

Item	Yes	No	Other
Completed signed renewal application form	✓		
Copy of, or description of Applicant's policy or program for vehicle maintenance	✓		
List or description of Applicant's radio equipment	✓		
Valid California Highway Patrol inspection report for each ground ambulance	✓		
Applicant's quality management practices and policies	✓		
Staffing and hiring policies	✓		
Organizational chart of management staff	✓		
Resume of training, orientation program and experience of the Applicant in the transportation and care of patients	✓		
Legible copies of current California Driver's License for each employee listed in the application.	✓		
Copies of EMT Certification and/or Paramedic Licensure cards	✓		
Current Fee Schedule	✓		
Certificate of insurance as required by the Humboldt County Risk Manager		✓	<i>Will forward when rec'd</i>
Application fee in the amount of \$196 for each service area payable to Humboldt County	✓		<i>Received per</i>

Specific Items for Permit Officer to Review

	Yes	No	Other
<b>Permit Approved?</b>			

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Internal document not to be released.



**County of Humboldt  
Eureka, California  
Ambulance Service Permit Renewal Application**

Pursuant to Humboldt County Code, Title V, Division 5  
Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	4/19/2022
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Applicants – Please completely fill out this section and provide all requested information/verifications:**

Level of Service:  Basic Life Support  Advanced Life Support  
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Arcata-Mad River Ambulance LLC		
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata 95521
Physical Address:	same	City	same
Telephone/Fax Numbers	707-822-3353	E-Mail	doug.boileau@gmr.net



**County of Humboldt**  
**Eureka, California**

<b>Owner Name</b>	Reach Medical Holdings LLC				
<b>Address</b>	8880 Cal Center Dr Ste. 125.	<b>City/Zip Code</b>	Sacramento, CA 95826		
<b>Phone Number</b>	916-921-4000	<b>Fax Number</b>	916-921-4001	<b>E-Mail</b>	Sean.Russell@gmr.net

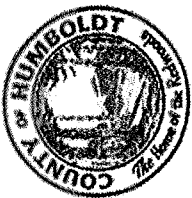


**County of Humboldt  
Eureka, California**

**VEHICLES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1. 2019	Chevrolet 3500	1GB3GRCG1K1263007	61280S2	2.75 years 82,549	2150- 16160	Blue/White
2. 2018	Chevrolet 3500	1GB3GRCG4J1264859	27680L2	3.75 years 86,310	2150- 15660	Blue/White
3. 2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	5.5 years 172,279	2150- 14168	Blue/White
4. 2020	Chevrolet Express	1GB3GRC7L1269623	97746E3	1 year 20,633	2150- 17120	Blue/White
5. 1998	Ford E450	1FDXE40F5WHA44187	03105P2	3 year 160,350	2150- 15975	Blue/White



**County of Humboldt**  
Eureka, California

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.							
7.							
8.							
9.							
10.							



**County of Humboldt  
Eureka, California**

- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
  - Applicant's quality management practices and policy;
  - Staffing and hiring policies;
  - Organizational chart of management staff;
  - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
  - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



**County of Humboldt  
Eureka, California**

**SERVICE AREA:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	X
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
<b>Zone 3 Central</b>	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	



**County of Humboldt  
Eureka, California**

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 4 South – Fortuna Sub-Zone</b>	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
<b>Zone 4 South – Garberville Sub-Zone</b>	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	

**AMBULANCE SERVICE RATES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached





**County of Humboldt  
Eureka, California**

**INSURANCE:**

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.
- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
  2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
  3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against



**County of Humboldt  
Eureka, California**

COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt  
Attention: Risk Management  
825 5<sup>th</sup> Street, Room 131  
Eureka, CA 95501

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:

- a. Includes contractual liability.
- b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
- c. Is primary insurance as regards to County of Humboldt.
- d. Does not contain a pro-rata, excess only, and/or escape clause.
- e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

**ADDITIONAL INFORMATION:**


Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.



**County of Humboldt  
Eureka, California**

(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached

I, hereby attest that, <u>Arcata-Mad River Ambulance LLC</u> , (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Douglas J. Boileau, Director
<b>Date:</b>	April 15, 2022

**Required Paperwork Checklist**

Application complete

## Radio Communication Equipment

Each ambulance is equipped as follows:

VHF – 160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies.

UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

### Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios. The company maintains 10 of these portable radios.

The company maintains a VHF repeater located at Mad River Community Hospital, and VHF radios at our stations in McKinleyville and Arcata. The company also maintains a base radio on Mt. Pierce which is linked via microwave to the Cal Fire Command Center in Fortuna.

All radio equipped has been supplied by RWS Services. A copy of the specific radio equipment in service is attached.

Each on-duty ambulance also has an assigned cellular phone used for receiving CAD data.

## Maintenance Policy- Ambulances

All in service ambulances are to be inspected by the on-duty crews each day using the vehicle check out form. This daily inspection includes assessing tire status, engine oil and coolant levels and a visual inspection for any obvious defects.

Any defect, fluid leakage, or other concern will be recorded on a maintenance memo and conveyed to maintenance manager. The maintenance memo shall include the vehicle number, odometer reading, a description of the problem, and anything done to correct the problem. If any condition has been previously noted on a maintenance form, but has not been corrected, another maintenance form shall be completed (unless a notice has been distributed via email detailing the expected resolution of the problem and the operational status of the unit involved).

If any deficiency is noted that effects the operational status or safety of the vehicle, management shall be notified immediately and the vehicle placed out of service.

An email will be distributed to all field personnel any time a vehicle is removed from service or if a problem persists but in the estimation of management and the involved mechanics does not affect the operational status of the unit. An email notice will go out when a vehicle is returned to service or a known issue is resolved.

An oil change and safety inspection performed by a qualified mechanic will be performed every 5,000 miles.

The service provider for all units for routine servicing will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

In addition to oil changes, all vehicles will follow the maintenance schedule recommended by the manufacturer at the mileage intervals specified. The service provider listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.

STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

#35

INSPECTION		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE
LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA-MAD RIVER AMBULANCE LLC	2150	2020 CHEVROLET 3500
SERVICE ADDRESS (number and street)		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F STREET		1GB3GRCG7L1269623
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA, CA 95521		97746E3
		VEHICLE CERTIFICATE NUMBER
		17120

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registrar/plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>ISAH25277090</b>	POLICY EXPIRATION DATE <b>03/31/2022</b>
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REMARKS  
#35

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 21313	LOCATION CODE 125	DATE 11/24/2021
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE LLC</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2018 CHEV 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3GRCG4J1264859</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>27680L2 CA</b>
		VEHICLE CERTIFICATE NUMBER <b>15660</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				



REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25277090</b>	POLICY EXPIRATION DATE <b>03/31/2022</b>
REMARKS <b>#32</b>		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE

**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>21313</b>	LOCATION CODE <b>125</b>	DATE <b>11/24/2021</b>
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE LLC</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2019 CHEV 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3GRCG1K1263007</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>61280S2</b>
		VEHICLE CERTIFICATE NUMBER <b>16160</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarker lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25277090</b>	POLICY EXPIRATION DATE <b>03/31/2022</b>
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REMARKS  
#34

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
--	------

**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 21313	LOCATION CODE 125	DATE 11/24/2021
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 1998 Ford E450
SERVICE ADDRESS (number and street) 220 F STREET (city, state, and zip code) ARCATA, CA 95521		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDXE40F5WHA44187
		VEHICLE LICENSE PLATE NUMBER AND STATE 03105P2 CA
		VEHICLE CERTIFICATE NUMBER 15975

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)		✓	15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Tail lamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25277090</b>	POLICY EXPIRATION DATE <b>03/31/2022</b>
REMARKS <b>#33 ADDITION TO FLEET</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>21313</b>	LOCATION CODE <b>125</b>	DATE <b>11/24/2021</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

#31

INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE
LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA-MAD RIVER AMBULANCE LLC	2150	2015 CHEVROLET 3500
SERVICE ADDRESS (number and street)		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F STREET		1GB3G2CL9F1168057
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA, CA 95521		ARMA31 CA
		VEHICLE CERTIFICATE NUMBER
		14168

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS			PERSONNEL RECORDS		
	YES	NO		YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical-exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION					
	YES	NO		YES	NO
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH2577090</b>	POLICY EXPIRATION DATE <b>03/31/2022</b>
REMARKS <b>#31</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>21313</b>	LOCATION CODE <b>125</b>	DATE <b>11/24/2021</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 14168**

ISSUED: **12/1/2021**

EXPIRES: **11/30/2022**

AREA:

- INITIAL  
 REPLACEMENT

- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

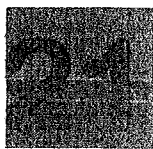
VEHICLE YEAR AND MAKE: **15 CHEVROLET 3500**

VEHICLE LICENSE NO. **AMRA 31**

VIN: **1GB3G2CL9F1168057**

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) ( ) for

NAME AND MAILING ADDRESS



**ARCATA-MAD RIVER AMBULANCE, LLC**  
**220 F STREET**  
**ARCATA, CA 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 16160**

ISSUED: **12/1/2021**

EXPIRES: **11/30/2022**

AREA:

- INITIAL  
 REPLACEMENT

- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

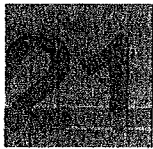
VEHICLE YEAR AND MAKE: **19 CHEVROLET 3500**

VEHICLE LICENSE NO. **61280S2**

VIN: **1GB3GRCC1K1263007**

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) ( ) for

NAME AND MAILING ADDRESS



**ARCATA-MAD RIVER AMBULANCE, LLC**  
**220 F STREET**  
**ARCATA, CA 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 15660**

ISSUED: **12/1/2021**

EXPIRES: **11/30/2022**

AREA:

- INITIAL  
 REPLACEMENT

- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **18 CHEVROLET 3500**

VEHICLE LICENSE NO. **27680L2**

VIN: **1GB3GRCC4J1264859**

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) ( ) for

NAME AND MAILING ADDRESS



**ARCATA-MAD RIVER AMBULANCE, LLC**  
**220 F STREET**  
**ARCATA, CA 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.





STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150-15975**

ISSUED: **12/1/2021**

EXPIRES: **11/30/2022**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: **98 FORD E 450**

VEHICLE LICENSE NO. **03105P2**

VIN: **1FDXE40F5WHA44187**

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) ( , ) for

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**

**220 F STREET**

**ARCATA, CA 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 17120**

ISSUED: **12/1/2021**

EXPIRES: **11/30/2022**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: **20 CHEVROLET**

VEHICLE LICENSE NO. **97746E3**

VIN: **1GB3GRCG7L1269623**

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) ( ) for

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**

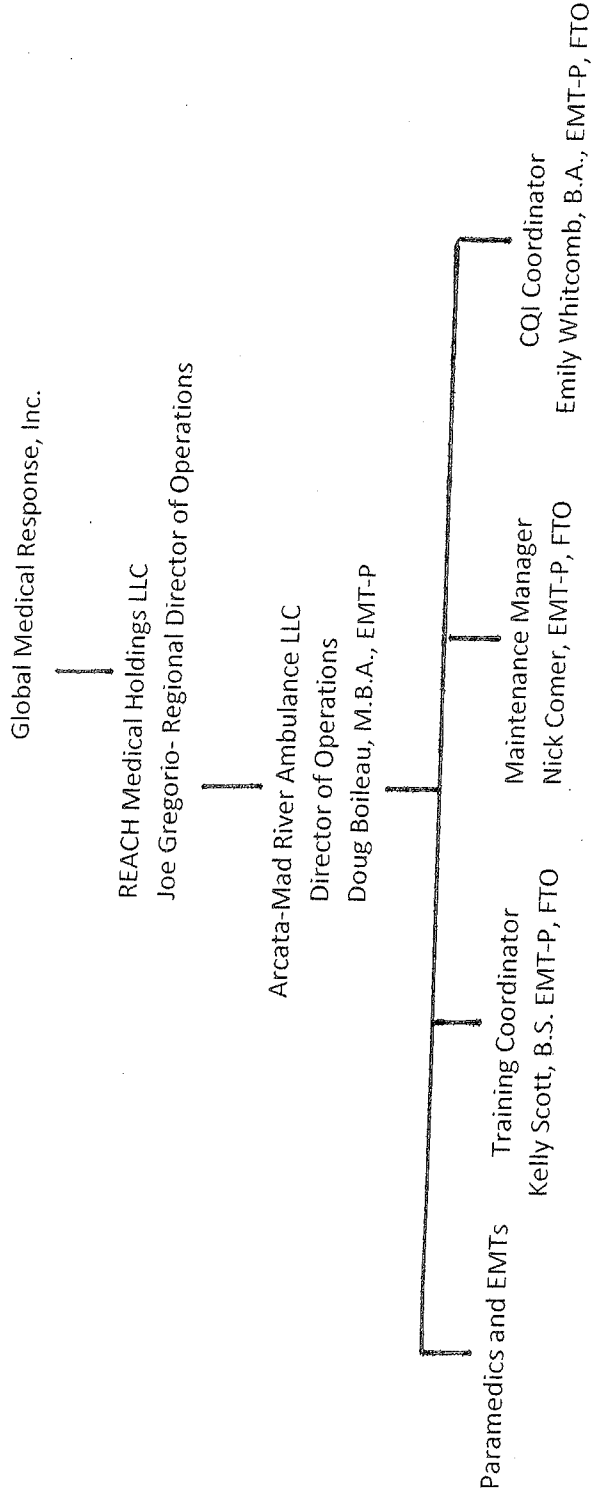
**220 F STREET**

**ARCATA, CA 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

Arcata-Mad River Ambulance LLC  
Organization Chart



### **Quality Management practices and policies**

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. All patient care reports are reviewed for adherence to company developed standards and NCEMS policies on a daily basis.

### **Staffing and hiring policies**

The hiring of field personnel requires the completion of an on-line application, verification of current certification/license as a paramedic or EMT, a driving record evidenced by CA DMV motor vehicle report which meets company and insurance standards, a current Ambulance Driver's Certificate, and CPR card. The company is a federal equal opportunity employer.

All new employees complete a minimum 72 hour orientation and training program with on-duty crews. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation checklist is included in the above training. Employees are required to complete a wide variety of training classes within 3 months of hire.

All emergency response units are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least one paramedic and one EMT. Crews staffed by two paramedics are common.

**Organization Chart of Management Staff** – Please see attached organization chart.

**Experience of the applicant/knowledge or involvement in the Humboldt County EMS System** – Please see attached resume

Rates - Arcata-Mad River Ambulance LLC  
Effective 6/25/2019

	Current rates
ALS/BLS Base Rate for all emergency responses	\$2,088.00
Mileage – ALS/BLS per mile	38.50
Oxygen	80.00
Night Call 1900-0700	100.00
BLS Non-Emergency Base Rate	600.00
ALS-2 Base Rate	2,360.00
SCT	3,000.00
Standby time per 15 minutes	60.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	130.00
Extrication/Off Road Rescue	150.00
Emergency Response Fee	250.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No, Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Arcata-Mad River Ambulance LLC 4933 Bailey Loop McClellan CA 95652 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	INSURER D: Lloyds's Syndicate No. 2623		AA1128623
	INSURER E: Great American Insurance Company of NY		22136
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: 570086876915**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG7248194A SIR applies per policy terms & conditions	03/31/2021	03/31/2022	EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 SIR/Deductible \$250,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION			EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC67819299 AOS WLRC67819251 CA, MA	03/31/2021	03/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D	E&O-PL-XS			w1b173210601 Professional Liability SIR applies per policy terms & conditions	03/31/2021	03/31/2022	Per claim \$10,000,000 SIR \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 ATTN: RISK MANAGEMENT/INSURANCE DEPARTMENT.

### CERTIFICATE HOLDER

HUMBOLDT COUNTY PUBLIC HEALTH BRANCH  
 529 "I" STREET  
 EUREKA CA 95501 USA

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

Holder Identifier :

Certificate No : 570086876915



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext.): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Arcata-Mad River Ambulance LLC 4933 Bailey Loop McClellan CA 95652 USA	INSURER A: Indemnity Insurance Co of North America	43575
	INSURER B: ACE American Insurance Company	22667
	INSURER C: ACE Fire Underwriters Insurance Co.	20702
	INSURER D: Great American Security Ins Co	31135
	INSURER E: Lloyd's Syndicate No. 2623	AA1128623
INSURER F:		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570092410351      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG72486377 SIR applies per policy terms & conditions	03/31/2022	03/31/2023	EACH OCCURRENCE	\$2,750,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$2,750,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,750,000
							SIR	\$250,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$2,500 Coll Deductib <input checked="" type="checkbox"/> \$2,500 Comp Deduct			ISAH25562434	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			EXC4051353	03/31/2022	03/31/2023	EACH OCCURRENCE	\$15,000,000
							AGGREGATE	\$15,000,000
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR68920280 AOS	03/31/2022	03/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
B				WLR68920243 CA, MA	03/31/2022	03/31/2023	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
E	E&O-PL-XS			WLB173220701 Claims Made SIR applies per policy terms & conditions	03/31/2022	03/31/2023	Per Claim Aggregate SIR	\$12,000,000 \$12,000,000 \$3,000,000

Certificate No : 570092410351

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 ATTN: RISK MANAGEMENT/INSURANCE DEPARTMENT.

**CERTIFICATE HOLDER****CANCELLATION**

HUMBOLDT COUNTY PUBLIC HEALTH BRANCH 529 "I" STREET EUREKA CA 95501 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Aon Insurance Managers (USA), Inc.</i>
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