



**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:	24 JUL 2018 <i>[Signature]</i>
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		
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata, CA 95521
Physical Address:	same	City	same
Telephone/Fax Numbers	707-822-3353 707-822-9628 fax	E-Mail	amra@norcalsafety.com



**County of Humboldt
Eureka, California**

Owner Name	Reach Medical Holdings LLC				
Address	4933 Bailey Loop	City/Zip Code	McClellan, CA 95652		
Phone Number	916-921-4000	Fax Number	916-921-4099	E-Mail	Karen.Graham@REACHAIR.com



**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.	2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	2.5 years 74,021	2150-14168	Blue/White
2.	2014	Chevrolet 3500	1GB3G2CLOE1161769	AMRA 30	3.5 years 91,534	2150-13564	Blue/White
3.	2012	Chevrolet 3500	1GB3G2CLXC1105786	AMRA 29	5.5 years 153,562	2150-12495	Blue/White
4.	2009	Chevrolet 3500	1GBJG316991179333	AMRA 28	7.5 years 176,691	2150-11169	Blue/White
5.							



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.							



220 F Street Arcata, CA 95521
Business (707) 822-3353 FAX: (707)822-9628
24 Hour Dispatch: (707)822-4166

Rates - Arcata-Mad River Ambulance

Effective 9/13/2016

	Current rates
ALS/BLS Base Rate for all emergency responses	\$1,495.00
Mileage – ALS/BLS per mile	21.95
Oxygen	70.00
Night Call 1900-0700	100.00
BLS Non-Emergency Base Rate	450.00
SCT/ALS-2 Base Rate	1,710.00
Standby time per 15 minutes	45.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	100.00
Extrication/Off Road Rescue	115.00
Emergency Response Fee	200.00

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 3,000 miles.

For units based in Arcata, the service provider is Rock Solid Repair and Lube at 510 K Street Arcata, 707-822-6380.

For units based in McKinleyville the service provider 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 providers 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.

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.

Repeater – in vehicle UHF to VHF repeater

Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios and with the addition of an in-vehicle repeater channel which allows for direct communication with the base hospital from outside the ambulance. 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 purchased is attached.

Selection 1 For Part TK
 Completed 00/00/00 thru 03/07/16 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00
 For Customers thru Group thru Truck thru One Customer Sequence

Part Number	Part Description	Completed		Quantity	Serial Number
		Invoice No.	Date		
ATA AMBULANCE					
1 F STREET ARCATA, CA 95521					
Phone # 707-822-3353					
190BK9BMDH	RADIO, DUAL HEAD 40 WATT 160 CH BASIC FRONT	16908	12/08/00	1.00	10300012
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302635
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30203017
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302252
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30401475
160HG	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY	18888	12/06/01	1.00	30301133
190BK	RADIO, UHF 450-470 RF DECK ONLY	23576	12/31/03	1.00	41200183
150	RADIO, KENWOOD VHF 160 CH 50 WATT	23576	12/31/03	1.00	50100127
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	26853	05/09/05	1.00	61102695
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	27987	11/09/05	1.00	70600119
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	28920	03/23/06	1.00	70901051
1750	BASE/REPEATER KENWOOD 50 WATT	29900	12/11/06	1.00	
150	RADIO, KENWOOD VHF 160 CH 50 WATT	30750	10/17/07	1.00	90300079
150	RADIO, UHF 128 CH 45 WATT	30750	10/17/07	1.00	90600034
190BK	RADIO, UHF 450-470 RF DECK ONLY	32799	10/22/09	1.00	90900140
150	RADIO, KENWOOD VHF 160 CH 50 WATT	32799	10/22/09	1.00	A9400017
172GK1SK	RADIO, PORTABLE 32 CH 4 WATT UHF	32936	12/28/09	1.00	A9A00101
180HK	RADIO, 50 WATT 512 CH	33786	10/12/10	1.00	70500265
160HG	RADIO, VHF 128 CH 50 WATT (USED)	33786	10/12/10	-1.00	30301133
190BK	RADIO, UHF 450-470 RF DECK ONLY	35835	05/22/12	1.00	B1B00049
150	RADIO, KENWOOD VHF 160 CH 50 WATT	35835	05/22/12	1.00	00100074
150	RADIO, KENWOOD VHF 160 CH 50 WATT	35878	06/06/12	1.00	B1900003
1360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602067
1360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602086
190BK	RADIO, UHF 450-470 RF DECK ONLY	38789	09/25/14	1.00	B4700032
180HK	RADIO, 50 WATT 512 CH	38789	09/25/14	1.00	B4400387
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810064
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810142
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810012
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810013
180HK	RADIO, 50 WATT 512 CH	40167	12/21/15	1.00	B5300213
190BK	RADIO, UHF 450-470 RF DECK ONLY	40167	12/21/15	1.00	B5A00020
***** Total Customer Sales *****				30.00	
***** Grand Total Sales *****				30.00	



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- 12495

ISSUED: 12/1/2017

EXPIRES: 11/30/2018

AREA:

 INITIAL DUPLICATE EMERGENCY AMBULANCE CERTIFICATE ARMORED CAR CERTIFICATE REPLACEMENT RENEWAL AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 12 CHEVROLET 3500

VEHICLE LICENSE NO. AMRA 29

VIN: 1GB3G2CLXC1105786

*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- 11169

ISSUED: 12/1/2017

EXPIRES: 11/30/2018

AREA:

 INITIAL DUPLICATE EMERGENCY AMBULANCE CERTIFICATE ARMORED CAR CERTIFICATE REPLACEMENT RENEWAL AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 09 CHEVROLET EXPR

VEHICLE LICENSE NO. AMRA 28

VIN: 1GBJG316991179333

*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- 10262

ISSUED: 12/1/2017

EXPIRES: 11/30/2018

AREA:

 INITIAL DUPLICATE EMERGENCY AMBULANCE CERTIFICATE ARMORED CAR CERTIFICATE REPLACEMENT RENEWAL AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 08 CHEVROLETTE

VEHICLE LICENSE NO. AMRA 27

VIN: 1GBJG316981100516

*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- 14168**

ISSUED: **12/1/2017**

EXPIRES: **11/30/2018**

AREA:

INITIAL DUPLICATE
 REPLACEMENT 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- 13564**

ISSUED: **12/1/2017**

EXPIRES: **11/30/2018**

AREA:

INITIAL DUPLICATE
 REPLACEMENT RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

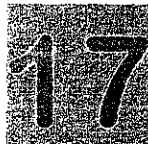
VEHICLE YEAR AND MAKE: **14 CHEVROLET 3500**

VEHICLE LICENSE NO. **AMRA 30**

VIN: **1GB3G2CL0E1161769**

*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
AMBULANCE INSPECTION REPORT
 CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
 Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS ARCATA-MAD RIVER AMBULANCE SERVICE, INC 89727	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2009 CHEVROLET EXPRESS
SERVICE ADDRESS (number and street) P.O. BOX 4948 ARCATA, CA 95518 (city, state, and zip code)		VEHICLE IDENTIFICATION NUMBER (VIN) 1GBJG316991179333
		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA28
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 13564

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	/			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/			
3. Ambulance identification sign	13 CCR 1100.4	/			
4. Headlamps	24252, 24400, 24407	/			
5. Beam selector/indicator	24252, 24406, 24408	/			
6. Headlamp flasher (if equipped)	24252, 25252.5	/			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	/			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	/			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	/			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	/			
11. Warning devices (if required)	25300	/			
12. Stoplamps	24252, 24603	/			
13. Taillamps	24252, 24600	/			
14. License plate lamp	24252, 24601	/			
15. Backup lamps	24252, 24606	/			
16. Reflectors	24252, 24607	/			
17. Glass	26700, 26701, 26708, 26708.5, 26710	/			
18. Windshield wipers	26706, 26707	/			
19. Defroster	26712	/			
20. Mirrors	26709	/			
21. Horn	27000	/			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	/			
23. Brake system	26301.5, 26450-26454	/			
24. Steering; suspension	24002	/			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	/			
26. Fuel system	24002, 27155, 27156.1	/			
27. Exhaust system	24002, 27150, 27151-27154	/			
28. Seat belts	27315; 13 CCR 1103(b)	/			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	/			
30. Portable light	13 CCR 1103(d)	/			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	/			
32. Maps	13 CCR 1103(g)	/			
33. Door latches	13 CCR 1103(h)	/			
34. Other safety defects (if yes, explain)	24002			NO DEFECTS NOTED	

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS				
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	
35. (1) Ambulance cot and (1) collapsible stretcher	✓		RECORD OF CALLS				
36. Securement straps for patient and cot/stretcher	✓		60. Location of records; retained for 3 years	13 CCR 1100.7			
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	✓		61. Date, time, and location of call; received by whom	(a)			
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	✓		62. Name of requesting person or agency	(b)			
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	✓		63. Unit ID; personnel dispatched; red light/siren use	(c)			
40. Rigid splints (4)	✓		64. Explanation of failure to dispatch	(d)			
41. Resuscitator - capable of use with oxygen	✓		65. Dispatch time; scene arrival and departure times	(e)			
42. Oxygen and regulators, portability required	✓		66. Destination of patient; arrival time	(f)			
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	✓		67. Name of patient transported	(g)			
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	✓		PERSONNEL RECORDS				
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		68. Employment date	13 CCR 1100.8(a)			
46. Adhesive tape (2 rolls - 1", 2", or 3")	✓		69. Facsimile of driver license	(b)			
47. Bandage shears	✓		70. Facsimile of ambulance driver certificate	(b)			
48. Universal dressings (2 - 10" x 30" or larger)	✓		71. Facsimile of medical exam certificate	(b)			
49. (Min. 2) Emesis basin or disposable bags; covered waste container	✓		72. Facsimile of EMT certificate or medical license	(c)			
50. Portable suctioning apparatus	✓		73. Work experience summary	(d)			
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	✓		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)			
52. (2) liters sterile water or (2) liters sterile isotonic saline	✓		75. Employer notification (DMV Pull Notice System)	1808.1			
53. Half-ring traction splint (Hare/Sager) or equivalent device	✓		COMPANY INSPECTION				
54. Blood pressure cuff (adult, children, and infant sizes)	✓		76. Company or corporation ownership	13 CCR 1107(b)(1)			
55. Sterile obstetrical supplies	✓		77. One or more ambulances available 24 hours	13 CCR 1107			
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	✓		78. Fees posted/maintained	13 CCR 1107(d)			
57. Bedpan or fracture pan	✓		79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2			
58. Urinal	✓		80. 24-hour direct telephone service	13 CCR 1107(e)			
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓						
81. INSURANCE CARRIER'S NAME	MAPK INSURANCE COMPANY		POLICY NUMBER	MAPK 09367604		POLICY EXPIRATION DATE	7/31/18
82. REMARKS							

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE

84. CHECK ALL APPLICABLE BOXES (If initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
	1107	125		20	7/31/17

DESTROY PREVIOUS EDITIONS

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
 CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
 Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS ARCATA-MAD RIVER AMBULANCE SERVICE, INC 89727	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2012 CHEVROLET 3500
SERVICE ADDRESS (number and street) P.O. BOX 4948 ARCATA, CA 95518 <small>(city, state, and zip code)</small>		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CLXC1105786
		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA29
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 13564

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4467, 5200-5204	✓			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	✓			
3. Ambulance identification sign	13 CCR 1100.4	✓			
4. Headlamps	24252, 24400, 24407	✓			
5. Beam selector/indicator	24252, 24406, 24408	✓			
6. Headlamp flasher (if equipped)	24252, 25252.5	✓			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	✓			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	✓			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	✓			
11. Warning devices (if required)	25300	✓			
12. Stoplamps	24252, 24603	✓			
13. Taillamps	24252, 24600	✓			
14. License plate lamp	24252, 24601	✓			
15. Backup lamps	24252, 24606	✓			
16. Reflectors	24252, 24607	✓			
17. Glass	26700, 26701, 26708, 26708.5, 26710	✓			
18. Windshield wipers	26706, 26707	✓			
19. Defroster	26712	✓			
20. Mirrors	26709	✓			
21. Horn	27000	✓			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓			
23. Brake system	26301.5, 26450-26454	✓			
24. Steering; suspension	24002	✓			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	✓			
26. Fuel system	24002, 27155, 27156.1	✓			
27. Exhaust system	24002, 27150, 27151-27154	✓			
28. Seat belts	27315; 13 CCR 1103(b)	✓			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	✓			
30. Portable light	13 CCR 1103(d)	✓			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	✓			
32. Maps	13 CCR 1103(g)	✓			
33. Door latches	13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain)	24002			<i>No defects noted</i>	

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES				REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	
35. (1) Ambulance cot and (1) collapsible stretcher	✓		RECORD OF CALLS				
36. Securement straps for patient and cot/stretcher	✓		60. Location of records; retained for 3 years	13 CCR 1100.7			
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	✓		61. Date, time, and location of call; received by whom	(a)			
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	✓		62. Name of requesting person or agency	(b)			
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	✓		63. Unit ID; personnel dispatched; red light/siren use	(c)			
40. Rigid splints (4)	✓		64. Explanation of failure to dispatch	(d)			
41. Resuscitator - capable of use with oxygen	✓		65. Dispatch time; scene arrival and departure times	(e)			
42. Oxygen and regulators, portability required	✓		66. Destination of patient; arrival time	(f)			
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	✓		67. Name of patient transported	(g)			
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	✓		PERSONNEL RECORDS				
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		68. Employment date	13 CCR 1100.8(a)			
46. Adhesive tape (2 rolls - 1", 2", or 3")	✓		69. Facsimile of driver license	(b)			
47. Bandage shears	✓		70. Facsimile of ambulance driver certificate	(b)			
48. Universal dressings (2 - 10" x 30" or larger)	✓		71. Facsimile of medical exam certificate	(b)			
49. (Min. 2) Emesis basin or disposable bags; covered waste container	✓		72. Facsimile of EMT certificate or medical license	(c)			
50. Portable suctioning apparatus	✓		73. Work experience summary	(d)			
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	✓		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)			
52. (2) liters sterile water or (2) liters sterile isotonic saline	✓		75. Employer notification (DMV Pull Notice System)	1808.1			
53. Half-ring traction splint (Hare/Sager) or equivalent device	✓		COMPANY INSPECTION				
54. Blood pressure cuff (adult, children, and infant sizes)	✓		76. Company or corporation ownership	13 CCR 1107(b)(1)			
55. Sterile obstetrical supplies	✓		77. One or more ambulances available 24 hours	13 CCR 1107			
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	✓		78. Fees posted/maintained	13 CCR 1107(d)			
57. Bedpan or fracture pan	✓		79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2			
58. Urinal	✓		80. 24-hour direct telephone service	13 CCR 1107(e)			
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓						
81. INSURANCE CARRIER'S NAME	✓		POLICY NUMBER	MAPK08367604		POLICY EXPIRATION DATE	7/31/18
82. REMARKS	Real INSURANCE COMPANY						

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE _____ DATE _____

84. CHECK ALL APPLICABLE BOXES (If initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER _____ ID NUMBER 11077 LOCATION CODE 125 OFFICER'S TRAVEL TIME _____ INSPECTION DURATION 20 DATE 7/31/17

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS ARCATA-MAD RIVER AMBULANCE SERVICE, INC 89727	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2014 CHEVROLET 3500
SERVICE ADDRESS (number and street) P.O. BOX 4948 ARCATA, CA 95518 (city, state, and zip code)		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CL0E1161769
		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA30
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 13564

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	✓			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	✓			
3. Ambulance identification sign	13 CCR 1100.4	✓			
4. Headlamps	24252, 24400, 24407	✓			
5. Beam selector/indicator	24252, 24406, 24408	✓			
6. Headlamp flasher (if equipped)	24252, 25252.5	✓			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	✓			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	✓			
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	✓			
11. Warning devices (if required)	25300	✓			
12. Stoplamps	24252, 24603	✓			
13. Taillamps	24252, 24600	✓			
14. License plate lamp	24252, 24601	✓			
15. Backup lamps	24252, 24608	✓			
16. Reflectors	24252, 24607	✓			
17. Glass	26700, 26701, 26708, 26708.5, 26710	✓			
18. Windshield wipers	26706, 26707	✓			
19. Defroster	26712	✓			
20. Mirrors	26709	✓			
21. Horn	27000	✓			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓			
23. Brake system	26301.5, 26450-26454	✓			
24. Steering; suspension	24002	✓			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	✓			
26. Fuel system	24002, 27155, 27156.1	✓			
27. Exhaust system	24002, 27150, 27151-27154	✓			
28. Seat belts	27315; 13 CCR 1103(b)	✓			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	✓			
30. Portable light	13 CCR 1103(d)	✓			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	✓			
32. Maps	13 CCR 1103(g)	✓			
33. Door latches	13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain)	24002			no defects noted	

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES				REQUIRED RECORDS AND DOCUMENTS				
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO		
								35. (1) Ambulance cot and (1) collapsible stretcher
36. Securement straps for patient and cot/stretcher	✓							
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	✓							
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	✓							
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	✓							
40. Rigid splints (4)	✓							
41. Resuscitator - capable of use with oxygen	✓							
42. Oxygen and regulators, portability required	✓							
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	✓							
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	✓							
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓							
46. Adhesive tape (2 rolls - 1", 2", or 3")	✓							
47. Bandage shears	✓							
48. Universal dressings (2 - 10" x 30" or larger)	✓							
49. (Min. 2) Emesis basin or disposable bags; covered waste container	✓							
50. Portable suctioning apparatus	✓							
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	✓							
52. (2) liters sterile water or (2) liters sterile isotonic saline	✓							
53. Half-ring traction splint (Hare/Sager) or equivalent device	✓							
54. Blood pressure cuff (adult, children, and infant sizes)	✓							
55. Sterile obstetrical supplies	✓							
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	✓							
57. Bedpan or fracture pan	✓							
58. Urinal	✓							
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓							
60. Location of records; retained for 3 years				13 CCR 1100.7				
61. Date, time, and location of call; received by whom				(a)				
62. Name of requesting person or agency				(b)				
63. Unit ID; personnel dispatched; red light/siren use				(c)				
64. Explanation of failure to dispatch				(d)				
65. Dispatch time; scene arrival and departure times				(e)				
66. Destination of patient; arrival time				(f)				
67. Name of patient transported				(g)				
				PERSONNEL RECORDS				
68. Employment date				13 CCR 1100.8(a)				
69. Facsimile of driver license				(b)				
70. Facsimile of ambulance driver certificate				(b)				
71. Facsimile of medical exam certificate				(b)				
72. Facsimile of EMT certificate or medical license				(c)				
73. Work experience summary				(d)				
74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions				(e)				
75. Employer notification (DMV Pull Notice System)				1808.1				
				COMPANY INSPECTION				
76. Company or corporation ownership				13 CCR 1107(b)(1)				
77. One or more ambulances available 24 hours				13 CCR 1107				
78. Fees posted/maintained				13 CCR 1107(d)				
79. Financial responsibility				16020, 16500, 16500.5; 13 CCR 1106.2				
80. 24-hour direct telephone service				13 CCR 1107(e)				
81. INSURANCE CARRIER'S NAME	HACA INSURANCE COMPANY			POLICY NUMBER	MPDK 08367004		POLICY EXPIRATION DATE	7/31/18
82. REMARKS								

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE _____ DATE _____

84. CHECK ALL APPLICABLE BOXES (If initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER _____ ID NUMBER 17077 LOCATION CODE 125 OFFICER'S TRAVEL TIME _____ INSPECTION DURATION 20 DATE 7/31/18

DESTROY PREVIOUS EDITIONS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
 Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS ARCATA-MAD RIVER AMBULANCE SERVICE, INC 89727	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2015 CHEVROLET MEDIX 3500
SERVICE ADDRESS (number and street) P.O. BOX 4948 ARCATA, CA 95518		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CL9F1168057
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA31
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 13564

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	/	/		
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/	/		
3. Ambulance identification sign	13 CCR 1100.4	/	/		
4. Headlamps	24252, 24400, 24407	/	/		
5. Beam selector/indicator	24252, 24406, 24408	/	/		
6. Headlamp flasher (if equipped)	24252, 25252.5	/	/		
7. Steady red warning lamp (required)*	24251, 24252; 25252, 26100; 13 CCR 1103(a)	/	/		
8. Optional warning lamp(s)*	24252, 25252, 26258(a), 25259, 26100	/	/		
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	/	/		
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	/	/		
11. Warning devices (if required)	25300	/	/		
12. Stoplamps	24252, 24603	/	/		
13. Taillamps	24252, 24600	/	/		
14. License plate lamp	24252, 24601	/	/		
15. Backup lamps	24252, 24606	/	/		
16. Reflectors	24252, 24607	/	/		
17. Glass	26700, 26701, 26708, 26708.5, 26710	/	/		
18. Windshield wipers	26706, 26707	/	/		
19. Defroster	26712	/	/		
20. Mirrors	26709	/	/		
21. Horn	27000	/	/		
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	/	/		
23. Brake system	26301.5, 26450-26454	/	/		
24. Steering; suspension	24002	/	/		
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	/	/		
26. Fuel system	24002, 27155, 27156.1	/	/		
27. Exhaust system	24002, 27150, 27151-27154	/	/		
28. Seat belts	27315; 13 CCR 1103(b)	/	/		
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	/	/		
30. Portable light	13 CCR 1103(d)	/	/		
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	/	/		
32. Maps	13 CCR 1103(g)	/	/		
33. Door latches	13 CCR 1103(h)	/	/		
34. Other safety defects (if yes, explain)	24002	/	/	<i>No Defects</i>	

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES				REQUIRED RECORDS AND DOCUMENTS				
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO		
35. (1) Ambulance cot and (1) collapsible stretcher	/		60. Location of records; retained for 3 years	13 CCR 1100.7				
36. Securement straps for patient and cot/stretcher	/		61. Date, time, and location of call; received by whom	(a)				
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	/		62. Name of requesting person or agency	(b)				
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	/		63. Unit ID; personnel dispatched; red light/siren use	(c)				
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	/		64. Explanation of failure to dispatch	(d)				
40. Rigid splints (4)	/		65. Dispatch time; scene arrival and departure times	(e)				
41. Resuscitator - capable of use with oxygen	/		66. Destination of patient; arrival time	(f)				
42. Oxygen and regulators, portability required	/		67. Name of patient transported	(g)				
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	/		PERSONNEL RECORDS					
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	/		68. Employment date	13 CCR 1100.8(a)				
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	/		69. Facsimile of driver license	(b)				
46. Adhesive tape (2 rolls - 1", 2", or 3")	/		70. Facsimile of ambulance driver certificate	(b)				
47. Bandage shears	/		71. Facsimile of medical exam certificate	(b)				
48. Universal dressings (2 - 10" x 30" or larger)	/		72. Facsimile of EMT certificate or medical license	(c)				
49. (Min. 2) Emesis basin or disposable bags; covered waste container	/		73. Work experience summary	(d)				
50. Portable suctioning apparatus	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)				
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	/		75. Employer notification (DMV Pull Notice System)	1808.1				
52. (2) liters sterile water or (2) liters sterile isotonic saline	/		COMPANY INSPECTION					
53. Half-ring traction splint (Hare/Sager) or equivalent device	/		76. Company or corporation ownership	13 CCR 1107(b)(1)				
54. Blood pressure cuff (adult, children, and infant sizes)	/		77. One or more ambulances available 24 hours	13 CCR 1107				
55. Sterile obstetrical supplies	/		78. Fees posted/maintained	13 CCR 1107(d)				
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	/		79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2				
57. Bedpan or fracture pan	/		80. 24-hour direct telephone service	13 CCR 1107(e)				
58. Urinal	/							
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	/							
81. INSURANCE CARRIER'S NAME	ARCH INSURANCE COMPANY		POLICY NUMBER	MAPK08362009		POLICY EXPIRATION DATE	7/31/18	
82. REMARKS								

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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84. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
	17077	125		20MIN	11/31/17

DESTROY PREVIOUS EDITIONS

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 peer reviewed for adherence to company developed standards on a rotational 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.

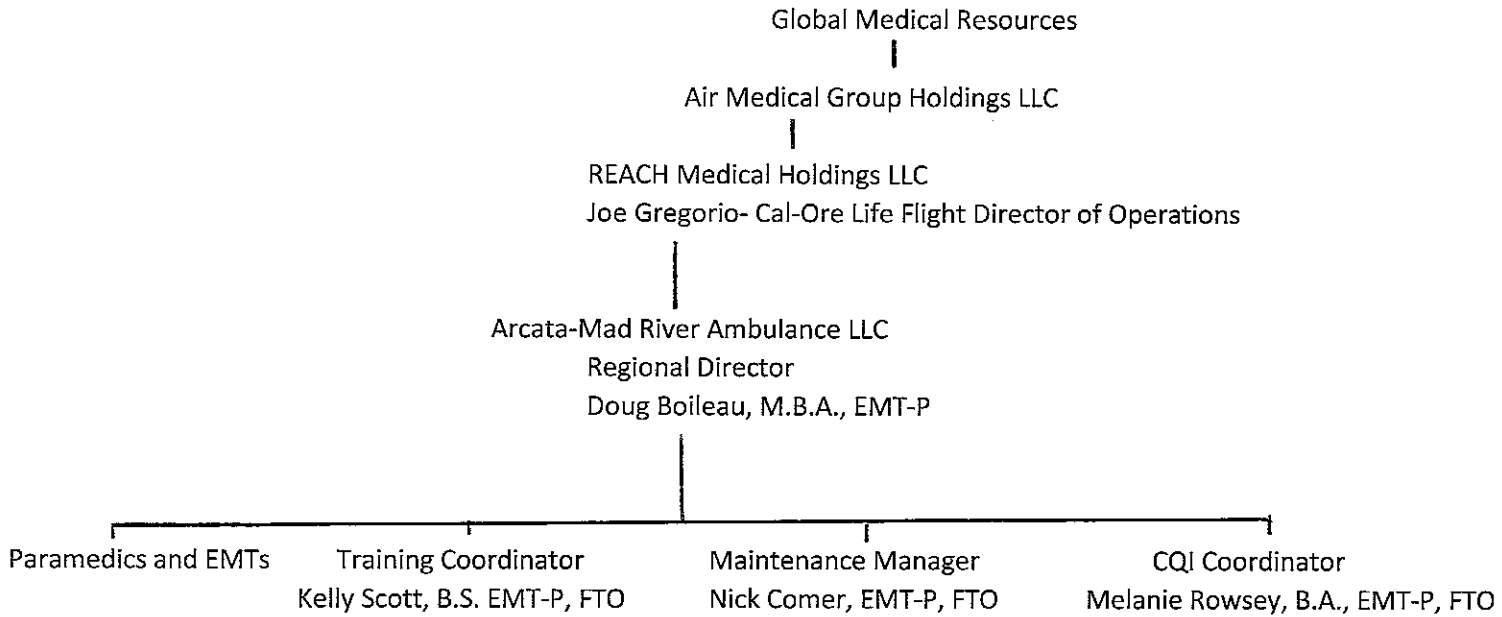
All new employees complete a minimum 72 hour orientation and training program with on-duty crews. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation checklist is included in the above training.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

Arcata-Mad River Ambulance LLC
Organization Chart



Douglas J. Boileau

P.O. Box 172
Willow Creek, CA 95573
530-629-4699
e-mail: amra@norcalsafety.com

SUMMARY OF QUALIFICATIONS

- 36 years of experience in Emergency Medical Services
- 33 years of experience in EMS education.
- Program Director for accredited paramedic education training program.
- Developed curriculum for community college based paramedic program and several EMS Continuing Education Programs.
- Primary consultant on state grant supported programs in the areas of disaster planning, multi-casualty incident response, and injury prevention.
- Recognized M.B.A. prepared leader in the business and health care community.

EXPERIENCE

Regional Director, Arcata-Mad River Ambulance LLC 12/01/17 to present

Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-11/30/2017

In addition to duties outlined below, provide strategic planning and direction to the activities of Arcata-Mad River Ambulance and the Northern California Safety Consortium, an industrial safety training and compliance subsidiary.

General Manager, Arcata-Mad River Ambulance, Inc. 10/1990- 4/01/2012

Manage all operational and business aspects of an ambulance company providing emergency and non emergency service to three cities and the unincorporated area of northwestern Humboldt County, CA. Recruit, hire, train, supervise and evaluate emergency medical technicians and paramedics in the performance of their duties. Supervise office personnel in accounts receivable/payable, negotiate contracts, and prepare county, state, and federal reports.

Paramedic Program Director and Instructor
College of the Redwoods. 2008 – present.
Humboldt County Office of Education, ROP 1992-2008

Develop curriculum, arrange facilities and equipment, recruit, train and supervise instructional staff. Maintain student records and prepare attendance reports. Develop

course materials and evaluation instruments. Prepare annual and progress reports for accreditation organizations. Arrange agreements with clinical training sites and directly supervise field internships.

EDUCATION

Master of Business Administration, Humboldt State University, Arcata, CA. December 1990.

B.S. Forest Science Business Finance, special concentration Native American Studies, Humboldt State University, Arcata, CA. June 1985.

Emergency Medical Technician – Paramedic, North Coast EMS, Eureka, CA. October 1991.

Emergency Medical Technician II, College of the Redwoods, Eureka, CA. August 1984.

Emergency Medical Technician 1, College of the Redwoods, Eureka, CA May, 1982.

RELATED EXPERIENCE

California Vocational Designated Subject Credential – EMT Training. 1991- Present.

American Heart Association (AHA) Regional Faculty 1998 – 2008.

National Association of EMS Educators Charter Member

AHA CPR Instructor 1981- present.

California Community College Credential 1985 – 1988.

Chair, Humboldt County Emergency Medical Care Committee (EMCC).

Chair, Humboldt County Medical Advisory Committee

California Paramedic License #P00363

Paramedic Field Training Officer 1995 – present

COMMUNITY INVOLVEMENT/RECOGNITION

Named “EMS Educator of the Year” State of California, 2009

Recipient North Coast EMS “Star of Life” Award 1990 and 2004

Arcata Chamber of Commerce Business Leader of the Year 1998

Parish Finance Council chair

Santa Rosa Diocese Finance Council member

Trustee Catholic Community Foundation

Board Member and Past President - Rotary Club of Arcata

**ARCATA-MAD RIVER AMBULANCE LLC
EMPLOYEE LIST**

EMPLOYEE	POSITION
Anthony Benelisha	EMT-1
Doug Boileau	EMT-P RD/FTO
Bill Bonser	EMT-P, FTO
Tim Combley	EMT-P
Nick Comer	EMT-P, FTO
Matt Niño	EMT-1
Daniel O'Hern	EMT-P, FTO
Melanie Rowsey	EMT-P, FTO
Oliver Ruggles	EMT-P
Katiana Seidel	EMT-P
J. Thomas (J.T.)	EMT-P
Garrett Thun	EMT-1
Evan Von Werlhof	EMT-P
Emily Whitcomb	EMT-P, FTO
Kelly Wilson	EMT-P, FTO



**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):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	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
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	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**

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2018

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).

PRODUCER Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202	CONTACT NAME: PHONE (A/C, No., Ext): 800-675-4467 FAX (A/C, No.): 415-989-9923 E-MAIL ADDRESS:														
INSURED REACH Air Medical Services, LLC 4933 Bailey Loop McClellan,, CA 95652	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td style="text-align: center;">22667</td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td style="text-align: center;">19437</td> </tr> <tr> <td>INSURER C : Lloyds of London - Beazley</td> <td></td> </tr> <tr> <td>INSURER D : Indemnity Insurance Company of North America</td> <td style="text-align: center;">43575</td> </tr> <tr> <td>INSURER E : ACE Fire Underwriters Insurance Company</td> <td style="text-align: center;">20702</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Lexington Insurance Company	19437	INSURER C : Lloyds of London - Beazley		INSURER D : Indemnity Insurance Company of North America	43575	INSURER E : ACE Fire Underwriters Insurance Company	20702	INSURER F :	
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 422717335** **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.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	XSLG71095708	3/14/2018	3/31/2019	EACH OCCURRENCE	\$ 2,750,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> SIR						MED EXP (Any one person)	\$
	250,000						PERSONAL & ADV INJURY	\$ 2,750,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,750,000
OTHER:								\$
A A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y	Y	ISAH25150025 ISAH25150041 ISAH2515003A	3/14/2018 3/14/2018 3/14/2018	3/31/2019 3/31/2019 3/31/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			6798230 80% W1B173180301 20%	3/14/2018 3/14/2018	3/31/2019 3/31/2019	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
A A E	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WCUC64624982 WLRC64624957 WLRC64624969 SCFC64624970	3/14/2018 3/14/2018 3/14/2018 3/14/2018	3/14/2019 3/14/2019 3/14/2019 3/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B C	<input checked="" type="checkbox"/> Medical Professional Liability			6798230 80% W1B173180301 20%	3/14/2018 3/14/2018	3/31/2019 3/31/2019	EA OCC/GEN AGG	10,000,000
	<input type="checkbox"/> Claims Made						SIR	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 *\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC64624982
 Issued as evidence of insurance.

CERTIFICATE HOLDER	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2018

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.

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PRODUCER Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202		CONTACT NAME: PHONE (A/C, No. Ext): 800-675-4467 FAX (A/C, No): 415-989-9923 E-MAIL ADDRESS:	
INSURED Arcata-Mad River Ambulance LLC 4933 Bailey Loop McClellan, CA 95652		INSURER(S) AFFORDING COVERAGE INSURER A : ACE American Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
GLOBMED-02		NAIC # 22667	

COVERAGES

CERTIFICATE NUMBER: 346285543


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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD : WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH25150028 ISAH25150041 ISAH2515003A	3/14/2018 3/14/2018 3/14/2018	3/31/2018 3/31/2019 3/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Issued as Evidence of Insurance Attn: Risk Management/Insurance Department

CERTIFICATE HOLDER**CANCELLATION**

County of Humboldt 825 5th Street, Room 131 Eureka, CA 95501	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 
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**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 5th 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:

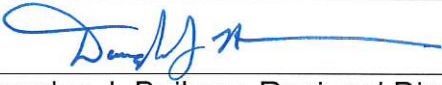
Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.



**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</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.	
Signature of Applicant:	
Printed Name and Title	Douglas J. Boileau, Regional Director of Operations
Date:	July 20, 2018

Required Paperwork Checklist

Application complete



**County of Humboldt
Eureka, California**

- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee

Additional information statement

Arcata-Mad River Ambulance has been the sole provider of emergency and non-emergency ambulance services in the northwest portion of Humboldt County, identified as Zone 1 under the Humboldt County Ambulance ordinance, for over 35 years. We provide 24/7 service from our stations located in Arcata and McKinleyville and work closely with six first responder fire departments and Mad River Community Hospital. We are approved as an advanced life support provider by the North Coast EMS Agency. Our senior manager has over 35 years of ambulance experience in Humboldt County and currently serves as chair of the Humboldt County Medical Advisory committee and Emergency Medical Care committee. He also directs the North Coast Paramedic Program at College of the Redwoods. We have been honored to provide high quality prehospital care at the advanced life support level to the communities we serve and look forward to continuing to provide those services for many years to come.