

**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:	3/11/2014 ✓
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, Inc.		
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata, CA 95521
Physical Address:	same	City	
Telephone/Fax Numbers	707-822-3353 707-822-9628 fax	E-Mail	amra@norcalsafety.com



County of Humboldt
Eureka, California

Owner Name	George C. and Roberta Busher and Douglas and Cynthia Boileau				
Address	220 F Street	City/Zip Code	Arcata, CA 95521		
Phone Number	707-822-3353	Fax Number	707-822-9628	E-Mail	amra@norcalsafety.com

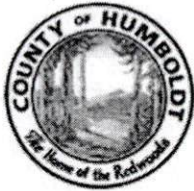


County of Humboldt
Eureka, California

VEHICLES:

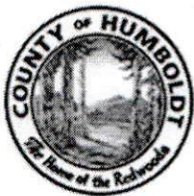
In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

	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.	2014	Chevrolet 3500	1GB3G2CLOE1161769	AMRA 30	1.5 years 32,514	89727-13564	Blue/White
2.	2012	Chevrolet 3500	1GB3G2CLXC1105786	AMRA 29	3.5 years 95,619	89727-12495	Blue/White
3.	2009	Chevrolet 3500	1GBJG316991179333	AMRA 28	5.5 years 129,350	89727-11169	Blue/White
4.	2008	Chevrolet 3500	1GBJG316981100516	AMRA 27	7.5 years 146,269	89727-10262	Blue/White
5.	2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	3 months 3,802	89727-14168	Blue/White



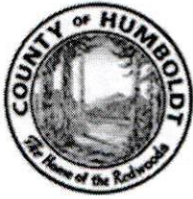
County of Humboldt
Eureka, California

	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.

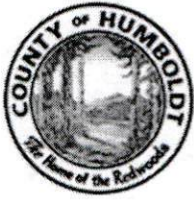


**County of Humboldt
Eureka, California**

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):

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	



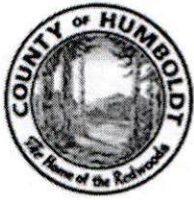
**County of Humboldt
Eureka, California**

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



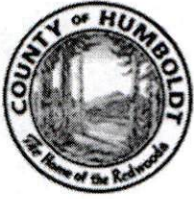
**County of Humboldt
Eureka, California**

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.

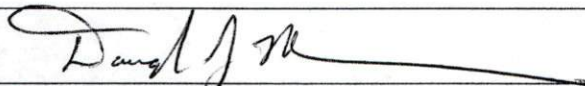


**County of Humboldt
Eureka, California**

(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, Arcata-Mad River Ambulance Service, Inc., (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, C.E.O.
Date:	March 7, 2016

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

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 management. 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 North Bay Auto 1305 10th Street Arcata, 707-822-2100.

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

Completed

Part Number	Part Description	Invoice No.	Date	Quantity	Serial Number
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ATA AMBULANCE

1 F STREET ARCATA, CA 95521

Phone # 707-822-3353

'90BK9BMDH	RADIO, DUAL HEAD 40 WATT 160 CH BASIC FRONT	16908	12/08/00	1.00	10300012
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302635
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30203017
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302252
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30401475
'60HG	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY	18888	12/06/01	1.00	30301133
'90BK	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
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	26853	05/09/05	1.00	61102695
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	27987	11/09/05	1.00	70600119
'72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	28920	03/23/06	1.00	70901051
'750	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
'90BK	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
'72GK1SK	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
'60HG	RADIO, VHF 128 CH 50 WATT (USED)	33786	10/12/10	-1.00	30301133
'90BK	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
'360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602087
'360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602086
'90BK	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
'312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810064
'312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810142
'312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810012
'312K	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
'90BK	RADIO, UHF 450-470 RF DECK ONLY	40167	12/21/15	1.00	B5A00020
	***** Total Customer Sales *****			30.00	
	***** Grand Total Sales *****			30.00	



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: **89727-13564**

ISSUED: **8/9/2015**

EXPIRES: **8/8/2016**

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

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

VEHICLE LICENSE NO. **AMRA 30**

VIN: **1GB3G2CLOE1161769**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE SERVICE, INC. 89727
ARCATA-MAD RIVER
P.O. BOX 4948
ARCATA, CA 95518-**

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: **89727-12495**

ISSUED: **8/9/2015**

EXPIRES: **8/8/2016**

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

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 SERVICE, INC. 89727
ARCATA-MAD RIVER
P.O. BOX 4948
ARCATA, CA 95518-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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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: **89727-11169**

ISSUED: **8/9/2015**

EXPIRES: **8/8/2016**

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

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 SERVICE, INC. 89727
ARCATA-MAD RIVER
P.O. BOX 4948
ARCATA, CA 95518-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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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: **89727- 10262**

ISSUED: **8/9/2015**

EXPIRES: **8/8/2016**

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 SERVICE, INC. 89727
ARCATA-MAD RIVER
P.O. BOX 4948
ARCATA, CA 95518-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT



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: **89727- 14168**

ISSUED: **1/27/2016**

EXPIRES: **8/8/2016**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

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

VEHICLE LICENSE NO. **R958091**

VIN: **1GB3G2CL9F1168057**

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

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE SERVICE, INC. 89727
ARCATA-MAD RIVER
P.O. BOX 4948
ARCATA, CA 95518-

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.

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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.	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2016, Chev, 3500
SERVICE ADDRESS (number and street) 220 F Street		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CL9F1168057
(city, state, and zip code) Arcata, CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE Temporary
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only)

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			N/A	
11. Warning devices (if required)	25300			N/A	
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		✓		

* 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 ARCH INSURANCE			POLICY NUMBER MAPK08367602		POLICY EXPIRATION DATE 07/01/2016	

82. REMARKS
Unit#31.
Replacing Unit 26 CERTIFICATE 89727-9376

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
N/A (NEW VEHICLE PER 430 CVC)

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 checked="" type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input checked="" 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
<i>[Signature]</i>	015341	125	-	45	01/27/2016

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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.	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2014, Chevrolet, 3500
SERVICE ADDRESS (number and street) 220 F Street		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CL0E1161769
(city, state, and zip code) Arcata, CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA30/CA
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		✓		

* 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 ARCH Insurance				POLICY NUMBER MAPK08367602		POLICY EXPIRATION DATE 07/01/2016		

82. REMARKS
Unit #30

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

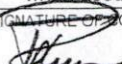
I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, 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  LT #13679 A/C	ID NUMBER 15062	LOCATION CODE 125	OFFICER'S TRAVEL TIME -	INSPECTION DURATION 20 minutes	DATE 08/05/2015
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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.	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2012, Chevrolet, 3500
SERVICE ADDRESS (number and street) 220 F Street (city, state, and zip code) Arcata, CA 95521		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CLXC1105786
		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA29/CA
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 1654 Murray Road, McKinleyville, CA 95519		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 12495

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		✓		

* 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 ARCH Insurance			POLICY NUMBER MAPK08367602		POLICY EXPIRATION DATE 07/01/2016		

82. REMARKS
Unit #29

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 <i>[Signature]</i> U#13679 A/L	ID NUMBER 15062	LOCATION CODE 125	OFFICER'S TRAVEL TIME -	INSPECTION DURATION 20 minutes	DATE 08/05/2015
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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
 CHP 299 (Rev. 9-12) OPI 061

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INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 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.	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS (number and street) 220 F Street	VEHICLE IDENTIFICATION NUMBER (VIN)	
(city, state, and zip code) Arcata, CA 95521	VEHICLE LICENSE PLATE NUMBER AND STATE	
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)	CHP ID CERTIFICATE NUMBER (annuals and compliance only)	

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				

* 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. Unnal			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	ARCH Insurance			POLICY NUMBER	MAPK08367602	
				POLICY EXPIRATION DATE	07/01/2016	
82. REMARKS	Company Inspection					

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 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
<i>[Signature]</i>	15062	125	10 minutes	30 minutes	08/05/2015

27

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

INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 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.	CHP LICENSE NUMBER 89727	VEHICLE YEAR, MAKE, AND MODEL 2008, Chevrolet, 3500
SERVICE ADDRESS (number and street) 220 F Street (city, state, and zip code) Arcata, CA 95521		VEHICLE IDENTIFICATION NUMBER (VIN) 1GBJG316981100516
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address) 1654 Murray Road, McKinleyville, CA 95519		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA27/CA
		CHP ID CERTIFICATE NUMBER (annuals and compliance only) 10262

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		✓	Right side inner tie rod worn.	08/05/2015
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		✓		

* 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 ARCH Insurance			POLICY NUMBER MAPK08367602		POLICY EXPIRATION DATE 07/01/2016		

82. REMARKS
Unit #27

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 type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input checked="" 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 <i>[Signature]</i> LT #13079 A/C	ID NUMBER 15062	LOCATION CODE 125	OFFICER'S TRAVEL TIME -	INSPECTION DURATION 20 minutes	DATE 08/05/2015
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Douglas J. Boileau

138 Redbud Ln.
Willow Creek, CA 95573
530-629-4699
e-mail: amra@norcalsafety.com

SUMMARY OF QUALIFICATIONS

- 33 years of experience in Emergency Medical Services
- 30 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

Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-present

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 member, project manager

Board Member and Past President - Rotary Club of Arcata

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 application, verification of current certification/licensure as an EMT or paramedic, receiving a copy of a current motor vehicle report that meets company and insurance company guidelines, a current ambulance driver certificate and CPR card. Most applicants are referred by existing employees.

All new employees go through a minimum 72 hour orientation and training program while riding along with an on-duty crew. Successful completion of this program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation evaluation is included in this training program.

All emergency response units are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least 1 paramedic and one EMT. Units staffed by two paramedics are common.

Organization Chart of management staff

The company has a flat organizational structure with the C.E.O reporting to the board of directors. The office manager and operations manager report to the C.E.O. All field personnel report to the operations manager. Currently the C.E.O. also serves as the operations manager.

Experience of the applicant/Knowledge or involvement in the Humboldt County EMS System

Please see attached resume.

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 30 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 30 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.



ARCATA-MAD RIVER AMBULANCE, INC.

220 F Street • P.O. Box 4948 • Arcata, CA 95521
Business: (707)822-3353 • 24 Hour Dispatch: (707)822-4166
FAX: (707) 822-9628 • e-mail: amra@norcalsafety.com

Effective 7/16/13

Arcata-Mad River Ambulance	Current rates
ALS/BLS Base Rate for all emergency responses	\$995.00
Mileage – ALS/BLS per mile	19.75
Oxygen	70.00
Night Call 1900-0700	90.00
BLS Non Emergency Base Rate	400.00
SCT/ALS-2 Base Rate	1,140.00
Standby time per 15 minutes	37.00
Cardiac Monitor**	50.00
Isolette	60.00
Spinal Immobilization	87.00
Extrication/Off Road Rescue	115.00
Emergency Response Fee	200.00

** - This charge applies to Medi-Cal only because that program does not recognize an ALS base rate. It is included in the base rate for all other payers.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/01/2016

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 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 Cindy Elbert Insurance Services Inc 15182 North 75th Ave, Ste 100 Peoria, AZ 85381	CONTACT NAME: PHONE (A/C, No, Ext): 602-942-3900 FAX (A/C, No): 602-942-4300 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Comp. Ins. Fund</td> <td>35076</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Comp. Ins. Fund	35076	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : State Comp. Ins. Fund	35076													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Arcata-Mad River Ambulance Inc &Northern CA Safety Consortium P.O. Box 4948 Arcata, CA 95518														

COVERAGES **CERTIFICATE NUMBER:** 4,007 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> 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						\$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						\$ \$ \$ \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			9081457-16	1/01/2016	1/01/2017	X WC STATUTORY LIMITS OTH-ER
	DED RETENTION \$						\$
	<input type="checkbox"/> Y / N <input type="checkbox"/> N/A						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Additional Insured

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Attn: Risk Manager 825 5th Street 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



CERTIFICATE OF LIABILITY INSURANCE

ARCARIV-01 JRICHARDS

DATE (MM/DD/YYYY)

6/29/2015

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 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 George Petersen Insurance Agency, Inc. 416 E Street Eureka, CA 95502	CONTACT NAME: _____
	PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281 E-MAIL ADDRESS: info@gpins.com
INSURED Arcata-Mad River Ambulance Service, Inc. DBA: Arcata-Mad River Ambulance Service, Inc. DBA: Northern Callifornia Safety Consortium 220 F Street Arcata, CA 95521	INSURER(S) AFFORDING COVERAGE
	INSURER A: Arch Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES**CERTIFICATE NUMBER:****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 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: _____			MAPK08367602	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MAPK08367602	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			MAUM08499002	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$
							Aggregate	\$ 1,000,000
							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)

Proof Only

CERTIFICATE HOLDER**CANCELLATION**

Humboldt County
 Attn: Risk Manager
 525 5th St.
 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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23257

ARCATA-MAD RIVER AMBULANCE, INC.

220 F STREET PH 707-822-3353
ARCATA, CA 95521

90-2267/1211


DATE 3/7/16

PAY
TO THE
ORDER OF

Humboldt County

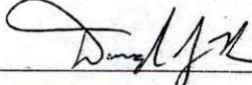

\$ 196.⁰⁰

One hundred-Ninty-Six and No/100

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FOR Ambulance Permit Renewal

⑈023257⑈ ⑆121122676⑆ 153400906662⑈



ARCATA-MAD RIVER AMBULANCE, INC.

220 F Street • P.O. Box 4948 • Arcata, CA 95521
Business: (707)822-3353 • 24 Hour Dispatch: (707)822-4166
FAX: (707) 822-9628 • e-mail: amra@norcalsafety.com

March 8, 2016

Bill Linn
Hospital Preparedness Program Coordinator
Humboldt County DHHS - Public Health Division
529 I Street
Eureka, CA 95501

Dear Bill,

Enclosed is the 2016-17 ambulance permit renewal application for Arcata-Mad River Ambulance.

Please contact me if you have any questions.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas J. Boileau". The signature is fluid and cursive, with a long horizontal line extending to the right.

Douglas J. Boileau, C.E.O.