



**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:	5/4/20
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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



County of Humboldt
Eureka, California

Owner Name	Reach Medical Holdings LLC				
Address	8880 Cal Center Dr Ste. 125.	City/Zip Code	Sacramento, CA 95826		
Phone Number	916-921-4000	Fax Number	916-921-4001	E-Mail	Karen.Graham@Reach.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. 2019	Chevrolet 3500	1GB3GRCG1K1263007	61280S2	8 months 20,114	2150- 16160	Blue/White
2. 2018	Chevrolet 3500	1GB3GRCCG4J1264859	27680L2	1.75 years 36,713	2150- 15660	Blue/White
3. 2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	3.5 years 126,343	2150- 14168	Blue/White
4. 2014	Chevrolet 3500	1GB3G2CL0E1161769	AMRA 30	4.5 years 129,389	2150- 13564	Blue/White
5. 1998	Ford E450	1FDXE40F5WHA44187	03105P2	1 year 134,898	2150- 15975	Blue/White



**County of Humboldt
Eureka, California**

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



**County of Humboldt
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- 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	



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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



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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.



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

Additional Information statement attached

I, hereby attest that, <u>Arcata-Mad River Ambulance LLC</u> , (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
Signature of Applicant:	
Printed Name and Title	Douglas J. Boileau, Director
Date:	May 8, 2020

Required Paperwork Checklist

Application complete



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- 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 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.

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

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

Radio Communication Equipment

Each ambulance is equipped as follows:

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

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

Hand held radios

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

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

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

RWS SERVICES

Generated by RWS SERVICES on 05-07-20

Name	Customer	Serial	Created
NX-3720HGK	ARCATA AMBULANCE	B8B10505	08-02-19 11:00 AM
NX-5800 BK	ARCATA AMBULANCE	B9510066	08-02-19 11:00 AM

Customer Name and Address	Home Phone	Work Phone	Res/Bus.
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ARCATA AMBULANCE 220 F STREET ARCATA, CA 95521	707-822-3353	707-822-9620	Residential
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Zone	Service Type	Eff	Exp	Last	Next
P A R T S U N D E R W A R R A N T Y					
Part No./Invoice#	Part Name/Serial Number	Effective	Expires		
SVR200 16908	PYRAMID, VEHICULAR REPEATER 547056	12/08/00	12/08/00		
TK890BK9BMDR 16908	RADIO, DUAL HEAD 40 WATT 160 CH BASIC FRONT 10300012	12/08/00	12/08/02		
TK272GK1SK 18334	RADIO, VHF 32 CHANNEL 5 WATT 30203017	08/30/01	08/30/01		
TK272GK1SK 18334	RADIO, VHF 32 CHANNEL 5 WATT 30302252	08/30/01	08/30/01		
TK272GK1SK 18334	RADIO, VHF 32 CHANNEL 5 WATT 30302635	08/30/01	08/30/01		
TK272GK1SK 18334	RADIO, VHF 32 CHANNEL 5 WATT 30401475	08/30/01	08/30/01		
TK760HG 18888	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY 30301133	12/06/01	12/06/01		
SVR200 19816	PYRAMID, VEHICULAR REPEATER 548869	04/23/02	04/23/02		
SVR200 23576	PYRAMID, VEHICULAR REPEATER 551699	12/31/03	12/31/03		
TK7150 23576	RADIO, KENWOOD VHF 160 CH 50 WATT 50100127	12/31/03	12/31/03		
TK890BK 23576	RADIO, UHF 450-470 RF DECK ONLY 41200183	12/31/03	12/31/03		
TK272GK1SK 26853	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 61102695	05/09/05	05/09/05		
A03KMS7238 27757	PAGER, MINITOR 5 VHF 1CH 151.00 FREQ RANGE 136WFJ7640	09/30/05	09/30/05		
TK272GK1SK 27987	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70600119	11/09/05	11/09/05		
TK272GK1SK 28920	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901051	03/23/06	03/23/06		
TKR750 29900	BASE/REPEATER KENWOOD 50 WATT	12/11/06	12/11/06		
SVR200 30750	PYRAMID, VEHICULAR REPEATER 556853	10/17/07	10/17/07		
TK7150 30750	RADIO, KENWOOD VHF 160 CH 50 WATT 90300079	10/17/07	10/17/07		
TK8150 30750	RADIO, UHF 128 CH 45 WATT 90600034	10/17/07	10/17/07		
TK7150 32799	RADIO, KENWOOD VHF 160 CH 50 WATT A9400017	10/22/09	10/22/09		
TK890BK 32799	RADIO, UHF 450-470 RF DECK ONLY 90900140	10/22/09	10/22/09		
TK372GK1SK 32936	RADIO, PORTABLE 32 CH 4 WATT UHF A9A00101	12/28/09	12/28/09		
TK7180HK 33786	RADIO, 50 WATT 512 CH 70500265	10/12/10	10/12/10		

Customer Name and Address	Home Phone	Work Phone	Rea/Bus.	
ARCATA AMBULANCE	707-822-3353	707-822-9628	Residential	
P A R T S U N D E R W A R R A N T Y				
Part No./Invoice#	Part Name/Serial Number		Effective	Expires
TK760HG 33786	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY 30301133		10/12/10	10/12/10
TK7150 35835	RADIO, KENWOOD VHF 160 CH 50 WATT 00100074		05/22/12	05/22/12
TK890BK 35835	RADIO, UHF 450-470 RF DECK ONLY B1B00049		05/22/12	05/22/12
SVR200VBN 35873	REPEATER, VEHICULAR VHF NARROWBAND 752618		06/05/12	06/05/12
SVR200VBN 35873	REPEATER, VEHICULAR VHF NARROWBAND 752619		06/05/12	06/05/12
SVR200VBN 35873	REPEATER, VEHICULAR VHF NARROWBAND 752620		06/05/12	06/05/12
SVR200VBN 35873	REPEATER, VEHICULAR VHF NARROWBAND 752621		06/05/12	06/05/12
TK7150 35878	RADIO, KENWOOD VHF 160 CH 50 WATT B1900003		06/06/12	06/06/12
TK7360HVK 36821	RADIO, VHF 128 CH 50 WATT SNB2602087		02/19/13	02/19/13
TK7360HVK 36821	RADIO, VHF 128 CH 50 WATT SNB2602086		02/19/13	02/19/13
TK7180HK 38789	RADIO, 50 WATT 512 CH B4400387		09/25/14	09/25/14
TK890BK 38789	RADIO, UHF 450-470 RF DECK ONLY B4700032		09/25/14	09/25/14
TK2312K 39964	RADIO, VHF 128 CH 5 WATT PORTABLE B5810012		10/07/15	10/07/15
TK2312K 39964	RADIO, VHF 128 CH 5 WATT PORTABLE B5810013		10/07/15	10/07/15
TK2312K 39964	RADIO, VHF 128 CH 5 WATT PORTABLE B5810064		10/07/15	10/07/15
TK2312K 39964	RADIO, VHF 128 CH 5 WATT PORTABLE B5810142		10/07/15	10/07/15
TK7180HK 40167	RADIO, 50 WATT 512 CH B5300213		12/21/15	12/21/15
TK890BK 40167	RADIO, UHF 450-470 RF DECK ONLY B5A00020		12/21/15	12/21/15
NX-3720HGK 43095	RADIO, VHF MOBILE 50 WATT B8611700		08/21/18	08/21/18
NX-5800BK 43095	RADIO, UHF 45 WATT RF DECK ONLY KENWOOD B7C10752		08/21/18	08/21/18



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE
NON-TRANSFERABLE LICENSE**

CHP 360A (REV. 01-00) OPI 062

CONTROL NUMBER 2150	LICENSE NUMBER 2150	ISSUE DATE 10/15/2019	EFFECTIVE DATE 12/1/2019	EXPIRATION DATE 11/30/2020
CHP CARRIER NUMBER CA-	LOCATION 125	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal	

SERVICE NAME AND PHYSICAL ADDRESS *(only if different from below)*

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA, CA 95521-

SERVICE NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET
ARCATA, CA 95521-

Attention: JOE GREGORIO

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.

Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 2150- 15975

ISSUED: 12/1/2019

EXPIRES: 11/30/2020

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 98 FORD E 450

VEHICLE LICENSE NO. 03105P2

VIN: 1FDXE40F5WHA44187

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

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET

ARCATA, CA 95521-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 2150- 16160

ISSUED: 12/1/2019

EXPIRES: 11/30/2020

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 19 CHEVROLET 3500

VEHICLE LICENSE NO. 61280S2

VIN: 1GB3GRCG1K1263007

*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: 12/1/2019

EXPIRES: 11/30/2020

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

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

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 2150- 14168

ISSUED: 12/1/2019

EXPIRES: 11/30/2020

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. 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- 15660

ISSUED: 12/1/2019

EXPIRES: 11/30/2020

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 18 CHEVROLET 3500

VEHICLE LICENSE NO. 27680L2

VIN: 1GB3GRCG4J1264859

*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.

#30

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

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME Arcata Med Plus Ambulance LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 2014 CHEV 3500
SERVICE ADDRESS (number and street) 220 F. ST		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2C6E1161769
(city, state, and zip code) Arcata CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE ARMA 30 CA
		VEHICLE CERTIFICATE NUMBER 13564

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN	POLICY NUMBER ISAH 25272090	POLICY EXPIRATION DATE 8/31/2020
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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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 15341	LOCATION CODE 125	DATE 11/22/19
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#31

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

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME Arcata Mid River Ambulance LLC	COMPANY LICENSE NUMBER 2156	VEHICLE YEAR, MAKE, AND MODEL 2015, CHEV, 3500
SERVICE ADDRESS (number and street) 220 E. STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1G03G2C49F1168057
(city, state, and zip code) Arcata CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE ARMA 31 CA
		VEHICLE CERTIFICATE NUMBER 14168

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME <i>ACE American</i>	POLICY NUMBER <i>ISAH 25277090</i>	POLICY EXPIRATION DATE <i>3/31/2020</i>
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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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <i>[Signature]</i>	ID NUMBER <i>15341</i>	LOCATION CODE <i>125</i>	DATE <i>11/22/19</i>
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H32

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

INSPECTION		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE
VEHICLE YEAR, MAKE, AND MODEL		
2018 CHEN 63500		
VEHICLE IDENTIFICATION NUMBER (VIN)		
1GB3GRCG4J1264859		
VEHICLE LICENSE PLATE NUMBER AND STATE		
27680L2 CA		
VEHICLE CERTIFICATE NUMBER		
15660		

LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER
Arcata Mad River Ambulance LLC	2150
SERVICE ADDRESS (number and street)	
220 F. ST	
(city, state, and zip code)	
Arcata CA 95521	

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN	POLICY NUMBER 1SAH 25277090	POLICY EXPIRATION DATE 3/31/2020
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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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 15341	LOCATION CODE 125	DATE 11/22/19
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#33

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

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME Arcata Mtn Ranch LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 1998 FORD E450
SERVICE ADDRESS (number and street) 220 F STRONG		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDXE40F5WHA44187
(city, state, and zip code) Arcata CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE 0310SPZ CA
		VEHICLE CERTIFICATE NUMBER 15975

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE American	POLICY NUMBER ISAH 252 71090	POLICY EXPIRATION DATE 3/31/2019 2020
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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 15341	LOCATION CODE 125	DATE 11/22/19
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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

#34

INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE

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

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE American	POLICY NUMBER 1SAH 25277090	POLICY EXPIRATION DATE 3/31/2020
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 is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 15341	LOCATION CODE 125	DATE 11/22/19
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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. Patients care reports are peer reviewed for adherence to company developed standards and North Coast EMS policies.

Staffing and Hiring Policies

The hiring of field personnel requires the applicant to complete an on-line application, verify current certification as an EMT or license as a paramedic, submit a driver record evidenced by CA DMV motor vehicle report which meets company and insurance standards, and hold a current Ambulance Driver's Certificate and CPR card. The company is a federal equal opportunity employer. All successful applicants must pass a pre-employment physical exam and pass a drug test.

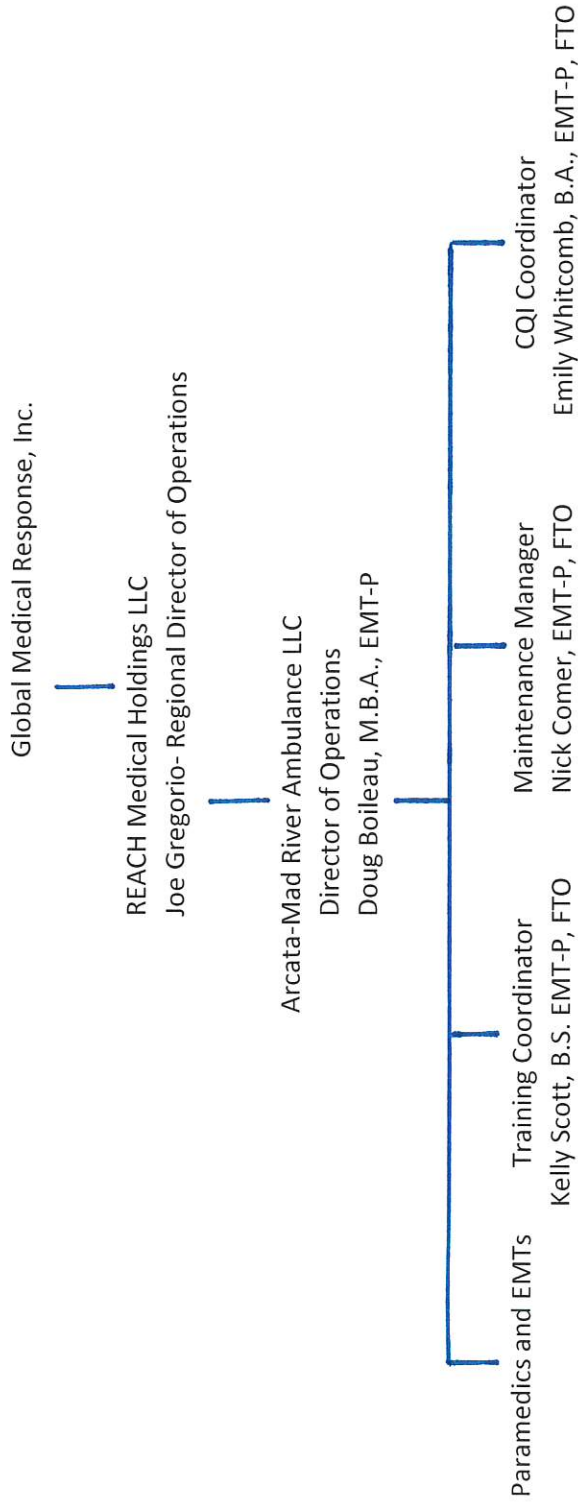
All new employees complete a minimum 72 hour orientation and training program as a third person with an on-duty crew. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the NCEMS required accreditation checklist is included in the above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

All emergency response ambulances 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 organizational chart.

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

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

Member and Past President - Rotary Club of Arcata

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2020

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 625 Denver CO 80202	CONTACT NAME: Jennifer Westphal	
	PHONE (A/C, No, Ext): 720-593-5407	FAX (A/C, No):
E-MAIL ADDRESS: GMRequest@woodrufflawyer.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Arcata-Mad River Ambulance LLC 4933 Bailey Loop McClellan, CA 95652	GLOBMED-02	INSURER A: ACE American Insurance Company 22667
		INSURER B: Indemnity Insurance Company of North America 43575
		INSURER C: ACE Fire Underwriters Insurance Company 20702
		INSURER D: Loyds of London - Beazley
		INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 715438142 **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	ADDITIONAL SUBROGATION (INS/D)	WARRANTY (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 <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			XSLG71574453	3/31/2020	3/31/2021	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SIR \$3M			ISAH25299218	3/31/2020	3/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			W1B173200501	3/31/2020	3/31/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B A C	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	WLRC66927830 WLRC66927799 SCFC66927878 WCUC6692791A	3/31/2020 3/31/2020 3/31/2020 3/31/2020	3/31/2021 3/31/2021 3/31/2021 3/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			W1B173200501	3/31/2020	3/31/2021	Each Claim & Aggr Retention \$10,000,000 \$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. WCUC6692791A **Medical Expense coverage falls within the SIR

1GB3GRCG1K1263007
 1GB3GRCG4J1264859
 1GB3G2CL9F1168057
 1GB3G2CL0E1161769
 1FDXE40F5WHA44187

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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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 50 years. We provide 24/7 service from our stations in Arcata and McKinleyville and work closely with eight 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 Paramedic Program at College of the Redwoods. We are honored to provide high quality advanced life support prehospital care to the communities we serve and look forward to continuing to do so for many years to come.