



**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:	6/21/21
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:	City Ambulance of Eureka, Inc		
Name of Contact Person:	Katie Baza		
Mailing Address:	135 W. 7 th Street	City/Zip Code	95501
Physical Address:	Same	City	Eureka
Telephone/Fax Numbers	707-445-4907	E-Mail	kbaza@staff-cityambulance.com



County of Humboldt
Eureka, California

Owner Name	California Corporation- City Ambulance of Eureka, Inc				
Address	135 W. 7 th Street	City/Zip Code	Eureka, 95501		
Phone Number	707-445-4907	Fax Number	707-442-5903	E-Mail	jchand@cityambulance.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. 2013	Ford E350	1FDSS3ES6DDA7518	43081N1	8 Years 289154		White/Orange
2. 2013	Ford E350	1FDSS3ES4DDB32171	43292N1	8 Years 230173		White/Orange
3. 2014	Ford E350	1FDSS3EL3EDB14383	75923F2	7 Years 193741		White/Orange
4. 2014	Ford E350	1FDSS3EL0EDB14423	60385X1	7 Years 206628		White/Orange
5. 2012	Ford E350	1FDSS3EL6CDB06775	15112D3	6 Years 249727		White/Orange



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.	2016 Ford Transit	1FDYR2CMXGKB55944	57538B2	5 Years 187019		White/Orange
7.	2017 Ford Transit	1FDYR2CM3HKA31676	73470F2	5 Years 178408		White/Orange
8.	2018 Ford Transit	1FDYR2CM3JKA24622	27561L2	4 Years 179683		White/Orange
9.	2018 Ford Transit	1FDYR2CM3JKB09010	11511P2	4 Years 105272		White/Orange
10.	2018 Ford Transit	1FDYR2CM9JKB15538	10036S2	2 Years 88637		White/Orange

11	2018	Ford Transit	1FDYR2CM4JKB22400	64762S2	2 Years	83459	White/Orange
12	2012	Chevy Type3	1GB3B2CLXC1105786	24952Z2	1 Year	189100	White/Orange



**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	
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	X



**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	X
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	X

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.



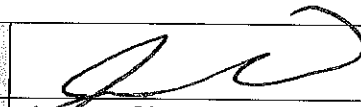
**County of Humboldt
Eureka, California**

(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

City Ambulance of Eureka, Inc

I, hereby attest that, _____, (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	Jason Chand Regional Director
Date:	6/16/2021

Required Paperwork Checklist

- Application complete
- Certificate of Automobile and liability coverage



County of Humboldt
Eureka, California

- 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

Vehicle Maintenance

Routine maintenance is performed at regularly scheduled intervals to ensure optimal safety, performance, efficiency, and reliability of assigned vehicles. Preventive maintenance is performed by the fleet mechanic, who will document any repairs and ensure all repairs are done before returning the vehicle to service.

Pre-Trip Inspections

Specific procedures are outlined in policy and monitored to ensure that all ambulances are inspected daily, prior to the vehicle being put into service. Ambulance crews use the unit specified by the rotation schedule. The ambulance's mechanical functions are inspected by a crew member according to the daily checklist, making note of any discrepancies. Any minor repairs that can safely be done by a crew member are done during checkout. Repairs requiring special equipment or expertise are recorded on a Vehicle Needs Attention form or a Vehicle Out of Service form.

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

CAE Radio Inventory January 2019

Dispatch Equip.	VHF model #	Serial #	UHF model #	Serial #
POWER SUPPLY	DURA COMM			
POWER UNIT				
POWER UNIT				
POWER AMP				
POWER AMP				
POWER AMP				
POWER STRIP	TRIPP-LITE			
Dig VHF RADIO	NX5700K	B8210203		
Dig VHF RADIO	NX5700K	B8610235		
VHF RADIO	TK780H	60400507		
VHF RADIO	TK790	B1400406		
VHF RADIO	TK790	B32300285		
UHF RADIO			TK890	B1400078
UHF RADIO			TK890H	B0500031
SCANNER	UNIDEN			
VHF	TK2312	B5500297		
Portables	VHF model #	Serial #	UHF model #	Serial #
DURA				
City 1-1	NX3200	B8410793		
City 1-2	NX3200	B8410802		
City 2-1	NX3200	B8410801		
City 2-2	NX3200	B8410800		
City 3-1	NX3200	B8410799		
City 3-2	NX3200	B8410798		
City 4-1	NX3200			
City 4-2	NX3200			
VHF Sup	NX 200 K	B0400220		
VHF Sup	NX 200 K	B0400222		
VHF Sup	NX 200 K	B0400221		
VHF Sup	NX 200 K	B0400218		
UHF 200			NX 300 K	B0401398
Portables	VHF model #	Serial #	UHF model #	Serial #
Fort				
Fort 1-1	NX3200	B8410797		
Fort 1-2	NX3200	B8410796		
Fort 2-1	NX3200	B8410795		
Fort 2-2	NX3200	B8410794		
Base Scanner				
Garb				
Garb 1-1	NX3200	B8610075		
Garb 1-2	NX3200	B8610309		
UHF			NX 300 K	B0500133
UHF			NX 300 K	B0401397
Ambulance	VHF model #	Serial #	UHF model #	Serial #
Suburban	NX3720HG		TK 890	40800038
43	NX3720HG		TK 890	1100007
44	NX3720HG		TK 890	70700093

45	NX3720HG		TK 890	00700174	
46	NX3720HG		TK 890	31001017	
47	NX3720HG		TK 890	0800004	
48	NX3720HG		TK 890	4120309	
49	NX3720HG		TK 890	91100241	
51	NX3720HG		TK 890	70700093	
52	NX3720HG		TK 890	70800147	
53	NX3720HG		TK 890	B6C00008	
54	NX3720HG		TK 890	50601567	
55	NX3720HG		NX3820HG		



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE
NON-TRANSFERABLE LICENSE**

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

CONTROL NUMBER 2186	LICENSE NUMBER 2186	ISSUE DATE 8/10/2020	EFFECTIVE DATE 9/3/2020	EXPIRATION DATE 9/2/2021
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CHP CARRIER NUMBER CA-	LOCATION 125	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
		<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

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

**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

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.

SERVICE NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

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.

Attention: **JAISON CHAND, DIRECTOR OF OPS.**



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C43

CHP AREA: 125

CHP Certificate/Permit Number: 2186-13202

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43081N1

VIN: 1FDSS3ES6DDA75178

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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 *C44*

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 13344**

ISSUED: **9/3/2020**

EXPIRES: **9/2/2021**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **13 FORD E 350**

VEHICLE LICENSE NO. **43292N1**

VIN: **1FDSS3ES4DDB32171**

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

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBerville AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

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

C45

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 13839**

ISSUED: **9/3/2020**

EXPIRES: **9/2/2021**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **14 FORD E 350**

VEHICLE LICENSE NO. **75923F2**

VIN: **1FDSS3EL3EDB14383**

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



**CITY AMBULANCE OF EUREKA, INC., 2186
 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229**

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

c46

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14040**

ISSUED: **9/3/2020**

EXPIRES: **9/2/2021**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **14 FORD E 350**

VEHICLE LICENSE NO. **60385X1**

VIN: **1FDSS3EL0EDB14423**

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

NAME AND MAILING ADDRESS

20 CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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

C47

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 12706

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> INITIAL | <input type="checkbox"/> DUPLICATE | <input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE | <input type="checkbox"/> ARMORED CAR CERTIFICATE |
| <input type="checkbox"/> REPLACEMENT | <input checked="" type="checkbox"/> RENEWAL | <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT* | |

VEHICLE YEAR AND MAKE: 12 FORD E 350

VEHICLE LICENSE NO. 55466A1

VIN: 1FDSS3EL6CDB06775

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBerville AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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

C48

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 14636

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 16 FORD TRANSIT

VEHICLE LICENSE NO. 57538B2

VIN: 1FDYR2CMXGKB55944

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

C49

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14985**

ISSUED: **9/3/2020**

EXPIRES: **9/2/2021**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **17 FORD TRANSIT**

VEHICLE LICENSE NO. **73470F2**

VIN: **1FDYR2CM3HKA31676**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

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

C51

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 15576

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 27561L2

VIN: 1FDYR2CM3JKA24622

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186
 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229

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

CSZ

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 15727

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 11511P2

VIN: 1FDYR2CM3JKB09010

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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

C53

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 15954

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 10036S2

VIN: 1FDYR2CM9JKB15538

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186
 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CS4

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 15953

ISSUED: 9/3/2020

EXPIRES: 9/2/2021

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 64762S2

VIN: 1FDYR2CM4JKB22400

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

C55

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 12495**

ISSUED: **9/3/2020**

EXPIRES: **9/2/2021**

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



**CITY AMBULANCE OF EUREKA, INC., 2186
 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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

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

INSPECTION
 INITIAL ANNUAL COMPLIANCE

BUSINESS NAME CITY AMBULANCE OF EUREKA		COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2013 FORD E-350
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDSS3ES6DDA75178	
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 4308INI - CA	
		VEHICLE CERTIFICATE NUMBER 13202	

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

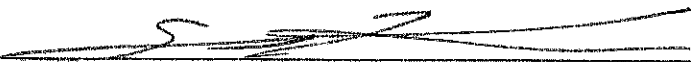
VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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	LOCATION CODE	DATE
	21844	125	08/03/2020

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2013 FORD E-350
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FD223ES4DDB32171
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 43292N1 - CA
		VEHICLE CERTIFICATE NUMBER 13344

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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


VEHICLE INSURANCE CARRIER'S NAME AMERICAN INSURANCE COMPANY <small>MARKS</small>	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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 21844	LOCATION CODE 125	DATE 08/03/2020
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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2014 FORD E-350
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDSS3EL3EDB14383
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 75923F2 - CA
		VEHICLE CERTIFICATE NUMBER 13839

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2014 FORD E-350
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDSS3EL0EDB14423
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 60385X1 - CA
		VEHICLE CERTIFICATE NUMBER 14040

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

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 CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2012 FORD E-350
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDSS3ELCDB06775
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 55466A1 - CA
		VEHICLE CERTIFICATE NUMBER 12706

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 THE AMERICAN INSURANCE COMPANY JKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

#48

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2016 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CMXGKB55944
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 57538B2 - CA
		VEHICLE CERTIFICATE NUMBER 14636

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

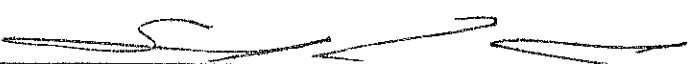
VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY ARKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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	LOCATION CODE	DATE
	21844	125	08/03/2020

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2017 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CM3HKA31676
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 73470F2 - CA
		VEHICLE CERTIFICATE NUMBER 14985

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY MARKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

#51

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

INSPECTION
 INITIAL ANNUAL COMPLIANCE

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2018 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CM3JKA24622
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 27561L2 - CA
		VEHICLE CERTIFICATE NUMBER 15576

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2018 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CM3JKB09010
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 11511P2 - CA
		VEHICLE CERTIFICATE NUMBER 15727

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2018 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CM9JKB15538
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 10036S2 - CA
		VEHICLE CERTIFICATE NUMBER 15954

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY IRKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

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

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 # 54

INSPECTION
 INITIAL ANNUAL COMPLIANCE

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2018 FORD TRANSIT
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDYR2CM4JKB22400
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 64762S2 - CA
		VEHICLE CERTIFICATE NUMBER 15953

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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

AL BUSINESS NAME CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2012 CHEVROLET 3500
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CLXC1105786
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 24952Z2 - CA
		VEHICLE CERTIFICATE NUMBER -

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

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

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

AMBULANCE INSPECTION REPORT

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 INSURANCE COMPANY IKS NEW ADDITION, #55	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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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	LOCATION CODE	DATE
	21844	125	08/03/2020

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 CITY AMBULANCE OF EUREKA	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL -
SERVICE ADDRESS (number and street) 135 WEST 7th STREET		VEHICLE IDENTIFICATION NUMBER (VIN) -
(city, state, and zip code) EUREKA, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE -
		VEHICLE CERTIFICATE NUMBER -

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	N
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 AIE AMERICAN INSURANCE COMPANY RKS	POLICY NUMBER ISAH25299218	POLICY EXPIRATION DATE 03/31/2021
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RECORDS INSPECTION ONLY***

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	LOCATION CODE	DATE
	21844	125	08/03/2020

Quality Management Practices and Policy

The Quality Management Program is overseen by the Chief Operating Officer and Quality Improvement Coordinator.

We direct staff to do self-reporting or reporting of another employee:

- A. When another crewmember, public safety person, or the public performed a special task deserving merit or did an outstanding job above and beyond what is expected.
- B. For any driving incident (violation, accident, etc.).
- C. When there is a negative confrontation or poor interaction with customers, the general public, or agency personnel.
- D. When an employee observes or participates in medical treatment that is contrary to policies or system protocols.
- E. When an employee feels that improper patient care was performed (either by mistake or negligence).
- F. For unusual occurrences that prevent an employee from following policies or procedures.

Additionally, a percentage of calls are reviewed each month by the Quality Improvement Coordinator and the Pre-Hospital Nurse Liaison under the Base Hospital/North Coast EMS Quality Improvement contract. Select charts are reviewed in a group Field Care Audit (FCA) each month, which is led by the Pre-Hospital Medical Director for the Paramedic Base Hospital. North Coast EMS requires that every paramedic attend six FCAs in each two-year accreditation period.

An escalation procedure is in place for EMTs or Paramedics who perform at a level below expectations. The procedure consists of the following elements; however, some elements may be skipped for more egregious errors.

- 1. Discussion
- 2. Remediation
- 3. Probation
- 4. Dismissal (dismissal for patient care concerns must also be reported to the EMS Authority)

Staffing and Hiring Practices

Staffing

City Ambulance employs certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training.

Ongoing recruitment for paramedics and EMTs is done via online advertising (e.g. Craigslist, Calif. EMS web site), social media, local print media, local EMT course instructors' graduate recommendations, and employee recommendations.

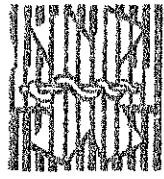
Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates are hired as needed to ensure optimal coverage.

Hiring

Once employment is offered and accepted, new employees are assigned a company email address and access to the company internet site, MYCAE. A Welcome Letter is emailed to the new hire with this information, and an HR Orientation is scheduled.

After logging on to MYCAE, new employees can access and print new hire forms, review the company handbook, safety manual, policies and procedures, training requirements, training calendar, schedules, company announcements, and much more. MYCAE is the hub of most of the company's information and communications for employees.

The HR Orientation consists of ensuring all new hire forms are complete; obtaining copies and verifying current status of licenses and certifications required for the job; obtaining copies of vaccination history and reports; and obtaining a current driver record and verifying eligibility for enrollment on the company vehicle insurance policies. New employees are given an overview of MYCAE, with the direction to continue reviewing and becoming familiar with the site, core policies and procedures, protocols, work practices and expectations.

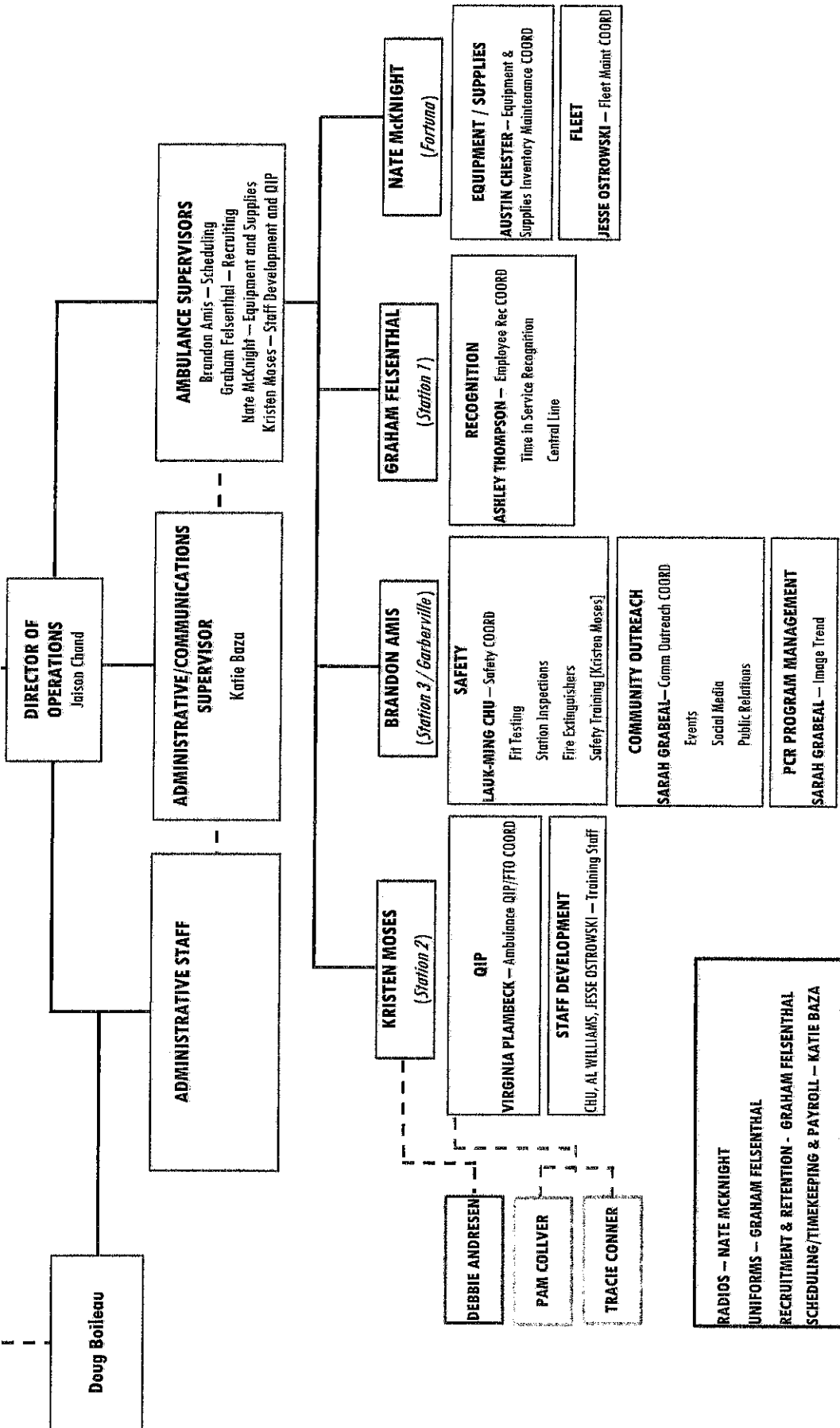


City of Humboldt County Ambulance

ORGANIZATIONAL CHAIN

**PACIFIC REGIONAL
PRESIDENT CA-HI**
Sean Russell

**VICE PRESIDENT OF
OPERATIONS OR-CA**
Dan Brattain



RADIOS - NATE MCKNIGHT
UNIFORMS - GRAHAM FELSENTHAL
RECRUITMENT & RETENTION - GRAHAM FELSENTHAL
SCHEDULING/TIMEKEEPING & PAYROLL - KATIE BAZA

LEGEND
- -OR [] - - Cross Report/Connection

Ethics and Compliance Hotline: 877.631.5722
Compliance Hotline Website: www.ethicspoint.com
Compliance & Privacy Office: 636.695.5437

ADDITIONAL KEY PROJECT PERSONNEL
KATIE BAZA - LOGIS Build and Install
NATE MCKNIGHT - CCT Equipment and QRV Development

TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

Newly hired employees are assigned a New Employee Trainer as their Primary Trainer. Paramedics are assigned to a Field Training Officer (FTO). FTOs are paramedics who are approved by NCEMS and City Ambulance to teach, monitor and evaluate students, EMTs, or accrediting paramedics. They are competent in methods of instruction and evaluation in both training and orientation, and are familiar with all policies of City Ambulance and NCEMS. City Ambulance FTOs are Kayce Hurd, Caleb Moody, Nathan McKnight, Virginia Plambeck and Foxi Keane.

Trainers provide daily evaluations of new employees' performance and ambulance driving. Trainers may be assisted by other on-duty staff in the new employees' training. The typical orientation is a minimum of 5 days spread over all 3 divisions: Eureka, Fortuna, and Garberville. Three days will be 6-8 hrs, and the fifth day is a 24-hr. shift. Additional shifts may be scheduled if needed. During the orientation period, new employees ride along with several different crews to observe patient care and transportation.

The following required training will occur during the orientation period and over the first 30 days of employment:

- Lift Test – training on proper gurney operation, followed by a practical test
- Fit Test – training on the procedure for using a respirator mask, followed by a practical test
- HIPAA, HazMat, Bloodborne Pathogens, and EMS Interact online training courses
- Clinical equipment and systems training
- Radio operations and use
- Gurney van training (wheelchair lift & power gurney)
- Policies and Procedures review
- Observation of and instruction from ambulance crews in the care, treatment, and safe transportation of patients according to EMS protocols and company policies.

City Ambulance operates under the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.



Knowledge of / Involvement in Humboldt County EMS

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) was incorporated in 1975 and has been in operation for over 40 years. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

As a vital member of the county's EMS system, City Ambulance works closely with North Coast EMS to support the mission of effective quality patient care and continuous quality improvement principles, in accordance with state laws. As a result, NCEMS is regarded as one of the most stable, efficient and progressive EMS systems in the State of California. Our Ambulance personnel are accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.

ADDITIONAL INFORMATION STATEMENT:

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance) is a corporation that has been providing ambulance service in Humboldt County for over 40 years. The family's roots in the ambulance service extend back to the 1960's, prior to incorporation in 1975. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/ Mendocino County line.

City Ambulance has been the exclusive provider for all emergency calls and inter-facility transports in Zone 3 (Eureka Area) since 1975, and the provider of ambulance service in Zone 4 (Fortuna and Garberville) since 1989 (Garberville was briefly owned by another individual as Southern Humboldt Area Rescue, but City Ambulance resumed service in that area when he was unable to financially sustain the service).

Our ambulance staff consists of certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training. Our staff of EMTs, dispatchers and first responders are ready 24/7 to serve the community.

City Ambulance has some of the lowest ambulance transportation rates in the state, while providing competitive wages and the highest level of patient care. Our extended scope of paramedic practice is one of the most expansive in the state.

As a vital member of one of the most stable, efficient and progressive EMS systems in the State of California, City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority to support the mission of effective quality patient care and continuous quality improvement principals, in accordance with state laws. Policies and procedures have been established to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.

CITY AMBULANCE OF EUREKA, INC.
2018 AMBULANCE RATES

Base Rates

Critical Care/Speciality Care - Interfacility Transfer	\$3,200.00
Emergency Scene Response	\$1,960.00
Advanced Life Support Interfacility Transfer	\$1,960.00
Basic Life Support Interfacility Transfer	\$600.00
911 Response without transport	\$350.00

Services

Electrocardiogram/12 Lead	\$300.00
Spinal Motion Restriction/Evaluation/Immobilization	\$300.00
Extrication	\$300.00
CPAP/BVM/Intubation	\$300.00
Interosseous Infusion	\$300.00
Glucagon Administration	\$300.00
Oxygen	\$100.00
Disposable Linens	\$100.00
Night Fee (1900-0700)	\$100.00
Wait Time	\$100.00 (15 MINS)
Mileage (Per Mile)	\$25.00

***Advanced Life Support Interfacility Transfer**

Transfer for higher level of care unavailable at sending facility

***Basic Life Support Interfacility Transfer**

Transfers to home or between facilities when a Paramedic is not required

***Critical Care/Speciality Care - Interfacility Transfer**

Intubated and/or on a ventilator
Registered Nurse in attendance, including Flight Transfers
12 Lead ECG with a running IV medication
Heparin by IV
Nitroglycerine by IV
Blood Product administration
IV Antibiotics



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2020

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Catreana Maglio
	PHONE (A/C No., Ext.): 630-285-3485 FAX (A/C No.): 630-285-4062
E-MAIL ADDRESS: Catreana_Maglio@AJG.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Great American Insurance Company	NAIC # 16691
INSURER B: Safety National Casualty Corporation	15105
INSURER C: Genesis Insurance Company	38962
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Nebraska Community College Insurance Trust
 Mid Plains Community College Area
 301 South 68th Street Fifth Floor
 Lincoln NE 68510-2449

COVERAGES **CERTIFICATE NUMBER:** 1951186035 **REVISION NUMBER:**

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


INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSD. 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"/> PROJ. JECT <input type="checkbox"/> LOC OTHER:		3128233	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		3128233	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,900,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		YUB301234C	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	SP4063219 3128233	7/1/2020 7/1/2020	7/1/2021 7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Self Insured Retentions
 General Liability \$100,000
 Employee Benefits Liability \$100,000
 School Board Legal Liability \$100,000.

Automobile Liability \$100,000
 Workers Compensation \$200,000.
 See Attached...

CERTIFICATE HOLDER **CANCELLATION**

City of Ambulance of Eureka 135 West 7th St. Eureka CA 95501 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Nebraska Community College Insurance Trust Mid Plains Community College Area 301 South 68th Street Place Fifth Floor Lincoln NE 68510-2449	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Annual Aggregate Excess limits per member on Great American policy
 General Liability \$3,800,000
 Employee Benefit Liability \$2,900,000
 School Board Legal Liability \$2,000,000
 Automobile Liability n/a ; Workers Compensation n/a.

Retroactive Date 07/01/1991 except:
 07/01/1995 for Central Community College and Mid-Plains Community College
 07/01/2008 for Sexual Abuse coverage

****Workers Comp Information****
 Employers Liability Limit Inclusive of Self Insured Retention
 Voluntary Compensation ; Other States Coverage
 Foreign Voluntary (Repatriation) Workers Comp and Employer's Liability-WorkersComp=Statutory Volunteers

****Supplement Name**** Insured Multiple Names: Mid Plains Community College

Name Printed on DEC Page: Nebraska Community College Insurance Trust
 Insured Multiple Names: Central Community College
 Insured Multiple Names: Metropolitan Community College
 Insured Multiple Names: Southeast Community College
 Insured Multiple Names: Western Nebraska Community College
 Insured Multiple Names: Northeast Community College

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
22667

COMPANY NAME AND ADDRESS
ACE American Insurance Company
525 West Monroe Street Suite 1400
Chicago, IL 60661

POLICY NUMBER
ISAH25545138

EFFECTIVE DATE
3/31/2021

EXPIRATION DATE
3/31/2022

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 or § 16500.5 OF THE CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY.

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

Fleet

AGENCY/COMPANY ISSUING CARD

Aon Risk Services Central, Inc.
1 LibertyPlace 1650 Market St #1000
Philadelphia, PA 19103

AGENCY TELEPHONE NUMBER

(215) 255-2000

INSURED

City Ambulance of Eureka, Inc.
135 West 7th Street
Eureka, CA 95501 USA

SEE IMPORTANT NOTICE ON REVERSE SIDE