

Ambulance Permit Renewal Check List—2026/2027

Vendor	Contact Person
City Ambulance	Carson Vandiver

Item	Yes	No	Other
Completed signed renewal application form	X		
Copy of, or description of Applicant's policy or program for vehicle maintenance	X		
List or description of Applicant's radio equipment	X		
Valid California Highway Patrol inspection report for each ground ambulance	X		
Applicant's quality management practices and policies	X		
Staffing and hiring policies	X		
Organizational chart of management staff	X		
Resume of training, orientation program and experience of the Applicant in the transportation and care of patients	X		
Legible copies of current California Driver's License for each employee listed in the application.	X		
Copies of EMT Certification and/or Paramedic Licensure cards	X		
Current Fee Schedule	X		
Certificate of insurance as required by the Humboldt County Risk Manager	X		
Application fee in the amount of \$319 for each service area payable to Humboldt County	X		

Specific Items for Permit Officer to Review

	Yes	No	Other
Permit Approved?	Y		

Approved by: Carson Vandiver

Date: 4/28/26

Internal document not to be released.



County of Humboldt
Eureka, California
Ambulance Service Permit Application

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

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	
Application Fee of \$319.00 Received:	Yes ☐ No ☐
Proof of Liability Insurance Attached:	Yes ☐ No ☐
Resumes Attached:	Yes ☐ No ☐

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:	Christine Bowles		
Mailing Address:	135 w 7 th St	City/Zip Code	Eureka, CA 95501
Physical Address:	St 135 w 7 th	City	Eureka, CA 95501
Telephone/Fax Numbers	707-440-5006	E-Mail	christine.bowles@gmr.net



County of Humboldt
Eureka, California

Owner Name	California Corporation – City Ambulance of Eureka, Inc.				
Address	135 w 7 th St,	City/Zip Code	Eureka CA, 95501		
Phone Number	707-445-4907	Fax Number	707-442-5903	E-Mail	Carson.Vandiver@gmr.net



County of Humboldt
Eureka, California

VEHICLES:

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

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1.	2018	Ford Transit	1FDWE3FS7BDB20875	919255G2	285,049		Blue, White and Orange
2.	2021	Ford Transit	1FDBR2CG5MKA79965	28579J3	195,102 3 Year		Blue, White and Orange
3.	2023	Ford Transit	1FDBR2CG7NKA53059	61884N3	118,783 2 Year		Blue, White and Orange
4.	2023	Ford Transit	1FDBR1CG4PKA02583	17911N3	145,643 2 Year		Blue, White and Orange
5.	2023	Ford Transit	1FDBR1CG9PKA02708	17912N3	139,068 2 Year		Blue, White and 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.	2023	Ford Transit	1FDBR1CGXPKA02619	95879U3	129,938 2 Year	Blue, White and Orange
7.	2023	Ford Transit	1FDBR1CG8PKA02554	14809T3	98,370 Year	Blue, White and Orange
8.	2022	Ford E450	1FDXE4FN9NDC35485	02901V3	96,399 Year	Blue, White and Orange
9.	2022	Ford E450	1FDXE4FN4NDC39749	02913V3	38,354 Year	Blue, White and Orange
10.	2022	Ford Transit	1FDBR1CG4PKA11350	08837W3	95,720 Year	Blue, White and Orange
11.	2024	Ford Transit	1FDBW2XG4RKB03215	11926B4	57,947 2 Year	Blue, White and Orange



County of Humboldt
Eureka, California

12	202 4	Ford Transit	1FDBW2XG3RKB03223	11925B4	54,886 1 Year		Blue, White and Orange
13	202 4	Ford Transit	1FDBW2XG6RKB03216	11924B4	8,039 > 1 Year		Blue, White and Orange
14	202 4	Ford Transit	1FDBW2XG9RKB03212	11927B4	46,410 1 Year		Blue, White and Orange
15	202 4	Ford Transit	1FDBR1CG1RKA88048	13831C4	31,915 1 Year		Blue, White and Orange
16	202 5	Ford Transit	1FDBR1CGXSKA08607	02363F4	4,575 > 1 Year		Blue, White and Orange
17	202 5	Ford Transit	1FDBR1CG5SKA02276	02385F4	3,474 > 1 Year		Blue, White and 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	



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 an endorsement of additional insured and a waiver of**



County of Humboldt
Eureka, California

subrogation against 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 the Certificate of Liability Insurance naming the County of Humboldt certificate holder.



County of Humboldt
Eureka, California

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.

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

☒ Additional Information statement attached

I, hereby attest that, City Ambulance of Eureka, Inc.(name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.

Signature of Applicant:

Printed Name and Title

Carson Vandiver, Regional Director of Operations

Date:

03/18/2026



**County of Humboldt
Eureka, California**

Required Paperwork Checklist

- ☒ Application complete
- ☒ Certificate of Automobile and liability coverage
- ☒ Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- ☒ Certificate of Workers Compensation Insurance, compensation coverage including endorsement of additional insured and waiver of subrogation.
- ☒ 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. Preventative 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 ambulances 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 Need Attention form.

CHP Inspections:

The California Highway Patrol conducts inspections of the ambulance fleet annually.

CAE Radio Inventory January

Dispatch Equip.	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XL T	8507714
Portables						
Eureka	VHF model #	Serial #	UHF model #	Serial #		
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b	NX 300 K	B0400218				
VHF	TK2312K	B5500272				
VHF	TK2312K	B5500273				
VHF	TK2312K	B5500297				
VHF	TK2312K	B5500296				

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

LEGAL BUSINESS NAME
CITY OF RIVERSIDE POLICE DEPT.
SERVICE ADDRESS (number and street)
135 W 7TH ST
CITY, STATE, AND ZIP CODE
RIVERSIDE, CA 92501

COMPANY LICENSE NUMBER

INSPECTION
☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

VEHICLE YEAR, MAKE, AND MODEL
2011 Ford Ambulance
VEHICLE IDENTIFICATION NUMBER (VIN)
1FDWE3ES7BDB20875
VEHICLE LICENSE PLATE NUMBER AND STATE
919256Z
VEHICLE CERTIFICATE NUMBER
2186-15456

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME <i>ACE AMERICAN INSURANCE CO.</i>	POLICY NUMBER <i>ISA H10817614</i>	POLICY EXPIRATION DATE <i>03/31/26</i>
REMARKS		

VEHICLE NOT EQUIPPED WITH HEADLAMP FLASHER - NOT REQUIRED

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

[Signature]

09/09/2025

☒ **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

[Signature]

#12533

151

09/01/25

DESTROY PREVIOUS EDITIONS

CHP299_1218.pdf

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

INSPECTION
☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME City Ambulance of Eureka	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2021, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBR2CG5MKA79965
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 28579J3, CA
		VEHICLE CERTIFICATE NUMBER 2186-18169

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

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

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

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

C60

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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 Co.POLICY NUMBER
ISA H10817614POLICY EXPIRATION DATE
03/31/2026REMARKS
C60

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

DATE

20988

125

08/12/2025

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

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 2022, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBR2CG7NKA53059
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 61884N3, CA
		VEHICLE CERTIFICATE NUMBER 2186-18442

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

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

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

C61

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					

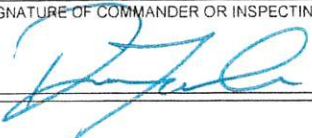
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C61		

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 20988	LOCATION CODE 125	DATE 08/12/2025
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CL62

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 2023, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBR1CG4PKA02583
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 17911N3, CA
		VEHICLE CERTIFICATE NUMBER 2186-18487

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C62		

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 20988	LOCATION CODE 125	DATE 08/12/2025
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C63

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 2023, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBRICG9PKA02708
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 17912N3
		VEHICLE CERTIFICATE NUMBER 2186-18570

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

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

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

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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PAGE 2

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 Co.POLICY NUMBER
ISA H10817614POLICY EXPIRATION DATE
03/31/2026REMARKS
C63

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

DATE

20988

125

08/12/2025

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

C64

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 2023, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBR1CGXPKA02619
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 95879U3, CA
		VEHICLE CERTIFICATE NUMBER 2186-18926

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
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REMARKS
C64

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 20988	LOCATION CODE 125	DATE 08/12/2025
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CL5

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 2023, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7thg St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBR1CG8PKA02554
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 14809T3, CA
		VEHICLE CERTIFICATE NUMBER 2186-18925

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

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

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretchers	✓		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)	✓				

C65

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					

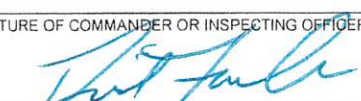
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C65		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 20988	LOCATION CODE 125	DATE 08/12/2025
---	--------------------	----------------------	--------------------

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

LEGAL BUSINESS NAME

SERVICE ADDRESS (number and street)

(city, state and zip code)

COMPLIANCE DATE (if needed)

INSPECTION

☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

VEHICLE YEAR MAKE AND MODEL

2002 1990Z AMBULANCE

VEHICLE IDENTIFICATION NUMBER (VIN)

1DXXE4E9ADE 35485

VEHICLE LICENSE PLATE NUMBER AND STATE

03201VE

VEHICLE CERTIFICATE NUMBER

2166-18825

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

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

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

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

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					
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 Co.

POLICY NUMBER

ISA H10817614

POLICY EXPIRATION DATE

03/31/26

REMARKS

VEHICLE EQUIPPED WITHOUT HEADLAMP FLASHER - NOT REQUIRED

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

09/04/2025

☒ **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

#19593

LOCATION CODE

151

DATE

03/31/26

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 289 (Rev. 10-18) CHS 063

LEGAL BUSINESS NAME

SERVICE ADDRESS (City, County, and State)

City, State, and Zip Code

City, State, and Zip Code

City, State, and Zip Code

INSPECTION TYPE: ☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

VEHICLE IDENTIFICATION NUMBER (VIN)

VEHICLE MAKE, MODEL, AND YEAR

VEHICLE LICENSE NUMBER AND STATE

VEHICLE REGISTRATION EXPIRATION DATE

VEHICLE REGISTRATION TAG NUMBER

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

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

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

DESTROY PREVIOUS EDITIONS

Chp289_1018.pdf

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 taken	✓		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					
9. Company principals verified	✓				
10. One or more ambulances available 24 hours	✓				
11. Fees posted/current	✓				
12. Financial responsibility	✓				
13. 24-hour direct telephone service	✓				

VEHICLE INSURANCE CARRIER'S NAME <i>ACE AMERICAN INSURANCE CO.</i>	POLICY NUMBER <i>ISA H 10817614</i>	POLICY EXPIRATION DATE <i>03/31/26</i>
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REMARKS
VEHICLE NOT EQUIPPED WITH HEADLAMP FLASHER - NOT REQUIRED

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

09/04/2025

☒ **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

#19533

151

09/21/25

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

068

INSPECTION

☐ INITIAL ☒ ANNUAL ☐ COMPLIANCE

LEGAL BUSINESS NAME City Ambulance of Eureka	COMPANY LICENSE NUMBER 2186	VEHICLE YEAR, MAKE, AND MODEL 2023, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St.		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBRICG4PKA11350
(city, state, and zip code) Eureka, CA 95501		VEHICLE LICENSE PLATE NUMBER AND STATE 08837W3, CA
		VEHICLE CERTIFICATE NUMBER 2186-19101

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

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

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

C68

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					

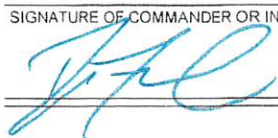
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C68		

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 20988	LOCATION CODE 125	DATE 08/12/2025
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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

2024, Ford, T250

SERVICE ADDRESS (number and street)

135 W. 7thg St.

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDBW2XG4RKB03215

(city, state, and zip code)

Eureka, CA 95501

VEHICLE LICENSE PLATE NUMBER AND STATE

11926B4, CA

VEHICLE CERTIFICATE NUMBER

2186-19560

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

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

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

C69

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					

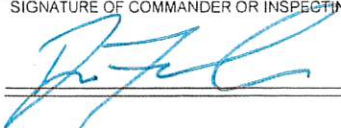
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C69		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 20988	LOCATION CODE 125	DATE 08/12/2025
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070

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 2024, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7thg St. (city, state, and zip code) Eureka, CA 95501		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBW2XG3RKB03223
		VEHICLE LICENSE PLATE NUMBER AND STATE 11925B4, CA
		VEHICLE CERTIFICATE NUMBER 2186-19643

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

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

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

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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PAGE 2

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 Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
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REMARKS

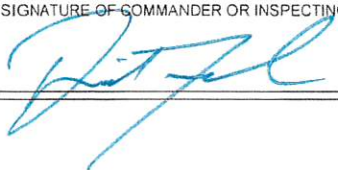
C70

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 20988	LOCATION CODE 125	DATE 08/21/2025
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DESTROY PREVIOUS EDITIONS

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071

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 2024, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7thg St. (city, state, and zip code) Eureka, CA 95501	VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBW2XG6RKB03216	
		VEHICLE LICENSE PLATE NUMBER AND STATE 11924B4, CA
		VEHICLE CERTIFICATE NUMBER 2189-19748

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

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

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

AMBULANCE INSPECTION REPORT

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PAGE 2

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 Co.POLICY NUMBER
ISA H10817614POLICY EXPIRATION DATE
03/31/2026REMARKS
C71

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

DATE

20988

125

08/21/2025

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

C72

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

2024, Ford, T250

SERVICE ADDRESS (number and street)

135 W. 7th St.

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDBW2XG9RKB03212

(city, state, and zip code)

Eureka, CA 95501

VEHICLE LICENSE PLATE NUMBER AND STATE

11927B4, CA

VEHICLE CERTIFICATE NUMBER

2186-19768

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

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

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

C72

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 Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
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REMARKS
C72

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 20988	LOCATION CODE 125	DATE 08/12/2025
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C73

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 2024, Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7thg St. (city, state, and zip code) Eureka, CA 95501		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBRICG1RKA88048
		VEHICLE LICENSE PLATE NUMBER AND STATE 13831C4, CA
		VEHICLE CERTIFICATE NUMBER 2186-19774

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
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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 Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
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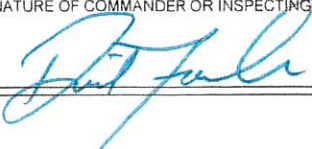
REMARKS
C73

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 20988	LOCATION CODE 125	DATE 08/12/2025
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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 2025 Ford, T250
SERVICE ADDRESS (number and street) 135 W. 7th St. (city, state, and zip code) Eureka, CA 95501		VEHICLE IDENTIFICATION NUMBER (VIN) 1FDBRICGXSKA08607
		VEHICLE LICENSE PLATE NUMBER AND STATE 02363F4, CA
		VEHICLE CERTIFICATE NUMBER

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

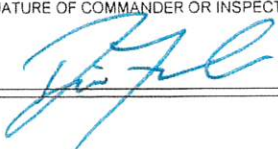
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C74		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 20988	LOCATION CODE 125	DATE 08/12/2025
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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

2025 Ford, T250

SERVICE ADDRESS (number and street)

135 W. 7thg St.

(city, state, and zip code)

Eureka, CA 95501

VEHICLE IDENTIFICATION NUMBER (VIN)

1FDBRICG5SKA02276

VEHICLE LICENSE PLATE NUMBER AND STATE

02385F4, CA

VEHICLE CERTIFICATE NUMBER

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

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

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

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

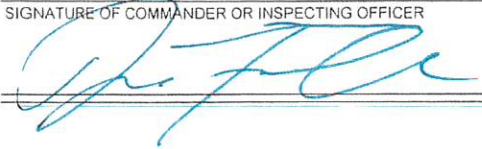
VEHICLE INSURANCE CARRIER'S NAME ACE American Insurance Co.	POLICY NUMBER ISA H10817614	POLICY EXPIRATION DATE 03/31/2026
REMARKS C75		

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  R. Fowler	ID NUMBER 20988	LOCATION CODE 125	DATE 01/16/2026
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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 325

CSB

CHP Certificate/Permit Number: **2186- 15456**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

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

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **91925G2 CA**

VIN: **1FDWE3FS7BDB20875**

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

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC.,
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.

25



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C60

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18169**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD TRANSIT 280**

VEHICLE LICENSE NO. **28579S3 CA**

VIN: **1FDBR2CG5MKA79965**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

C61

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18442**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE



EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL



AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD T250**

VEHICLE LICENSE NO. **61884N3 CA**

VIN: **1FDBR2CG7NKA53059**

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

NAME AND MAILING ADDRESS

25

**CITY AMBULANCE OF EUREKA, INC.,
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

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18487**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T250**

VEHICLE LICENSE NO. **17911N3 CA**

VIN: **1FDBR1CG4PKA02583**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP AREA: 125

C63

CHP Certificate/Permit Number: **2186- 18570**

ISSUED: 9/3/2025

EXPIRES: 9/3/2026

AREA:

☐ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T250**

VEHICLE LICENSE NO. **17912N3 CA**

VIN: **1FDBR1CG9PKA02708**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

Clay

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18926**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2023 FORD T-250**

VEHICLE LICENSE NO. **95879U3 CA**

VIN: **1FDBR1CGXPKA02619**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

C65

CHP AREA: 125

CHP Certificate/Permit Number: **2186-18925**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:



INITIAL



DUPLICATE



EMERGENCY AMBULANCE CERTIFICATE



ARMORED CAR CERTIFICATE



REPLACEMENT



RENEWAL



AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T-250**

VEHICLE LICENSE NO. **14809T3 CA**

VIN: **1FDBR1CG8PKA02554**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP AREA: 125

Cldo

CHP Certificate/Permit Number: **2186-18895**

ISSUED: 9/3/2025

EXPIRES: 9/3/2026

AREA:



INITIAL



DUPLICATE



EMERGENCY AMBULANCE CERTIFICATE



ARMORED CAR CERTIFICATE



REPLACEMENT



RENEWAL



AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD E-450**

VEHICLE LICENSE NO. **02901V3 CA**

VIN: **1FDXE4FN9NDC35485**

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

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC.,
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

CHP AREA: 125

C67

CHP Certificate/Permit Number: **2186- 18997**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

- ☐ INITIAL
☐ REPLACEMENT

- ☐ DUPLICATE
☒ RENEWAL

- ☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **02913V3 CA**

VIN: **1FDXE4FN4NDC39749**

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

NAME AND MAILING ADDRESS

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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25



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C68

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19101**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD TRANSIT**

VEHICLE LICENSE NO. **08837W3 CA**

VIN: **1FDBR1CG4PKA11350**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

069

CHP Certificate/Permit Number: **2186- 19560**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T-250**

VEHICLE LICENSE NO. **11926B4 CA**

VIN: **1FDBW2XG4RKB03215**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

C70

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19643**

ISSUED: 9/3/2025

EXPIRES: 9/3/2026

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2024 FORD T250**

VEHICLE LICENSE NO. **11925B4 CA**

VIN: **1FDBW2XG3RKB03223**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP AREA: 125

C71

CHP Certificate/Permit Number: **2186- 19748**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2024 FORD**

VEHICLE LICENSE NO. **11924B4 CA**

VIN: **1FDBW2XG6RKB03216**

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

NAME AND MAILING ADDRESS

 **CITY AMBULANCE OF EUREKA, INC.,
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

CHP 301 (REV 4-97) OPI 062

C72

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19768**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL

☐ DUPLICATE



EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL



AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2024 FORD**

VEHICLE LICENSE NO. **11927B4 CA**

VIN: **1FDBW2XG9RKB03212**

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

NAME AND MAILING ADDRESS

25

**CITY AMBULANCE OF EUREKA, INC.,
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

CHP 301 (REV 4-97) OPI 062

C73

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19774**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2024 FORD**

VEHICLE LICENSE NO. **13831C4 CA**

VIN: **1FDBR1CG1RKA88048**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP 301 (REV 4-97) OPI 062

C74

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19926**

ISSUED: **9/3/2025**

EXPIRES: **9/3/2026**

AREA:

☒ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2025 FORD**

VEHICLE LICENSE NO. **02363F4 CA**

VIN: **1FDBR1CGXSKA08607**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC.,
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

CHP 301 (REV 4-97) OPI 062

C75
CHP AREA: 125

CHP Certificate/Permit Number: **2186- 20167**

ISSUED: **1/16/2026**

EXPIRES: **9/3/2026**

AREA:

☒ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☐ RENEWAL

☐

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2025 FORD**

VEHICLE LICENSE NO. **02385F4 CA**

VIN: **1FDBR1CG5SKA02276**

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL

26

**CITY AMBULANCE OF EUREKA, INC.,
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.

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.

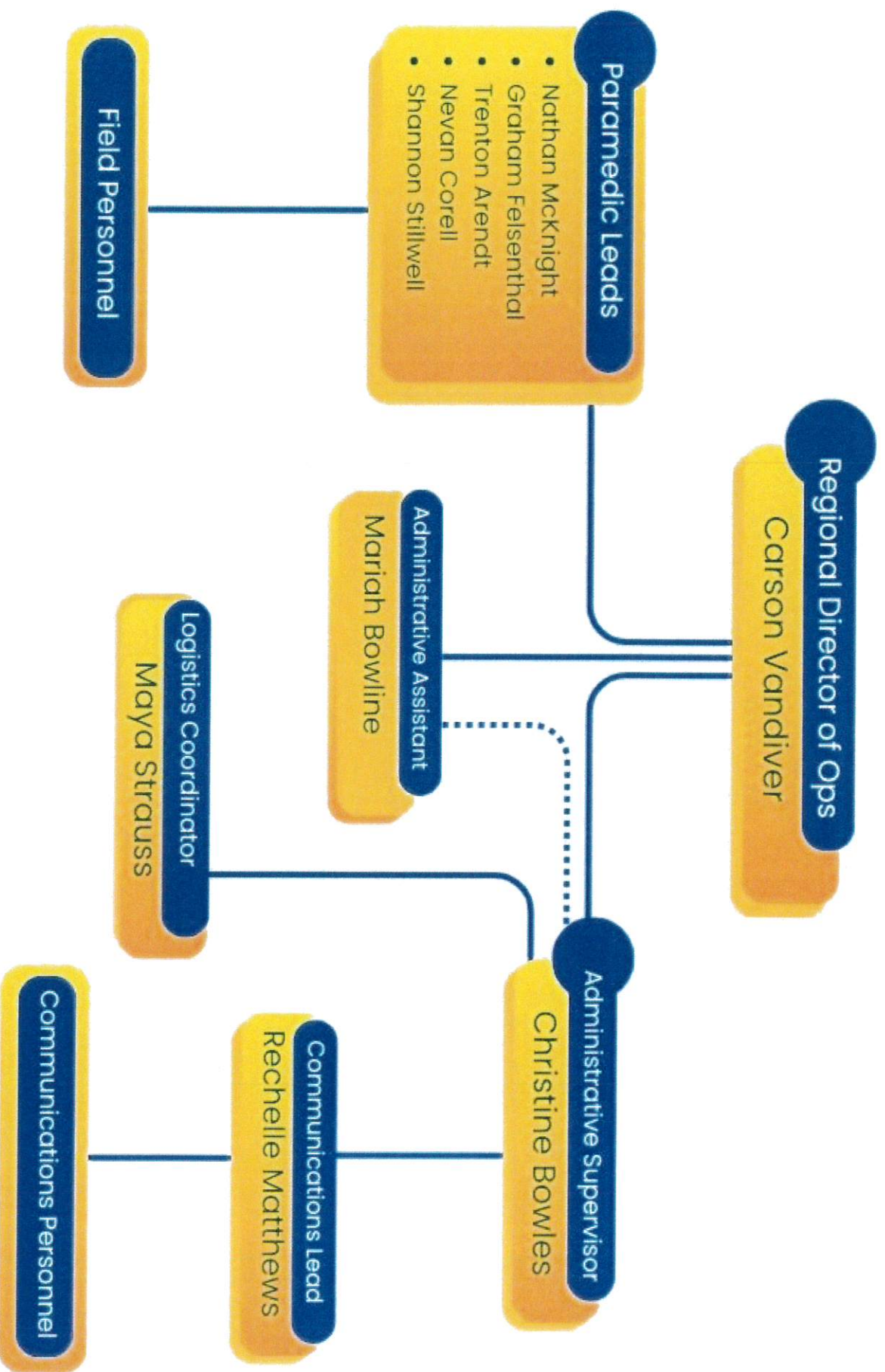
Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates 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 Ambulance of
Eureka
Management
Organizational Chart**



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
2026 Ambulance Rate
Schedule**

Base Rates:

Critical Care Transport - With RN	\$6,000.00
Emergency Scene Response	\$4,100.00
Advanced Life Support - Interfacility (IFT)	\$4,100.00
Basic Life Support - Interfacility Transfer	\$1,300.00
911 Response without Transport	\$300.00

Services:

Mileage (per mile)	\$84.00
Oxygen	\$125.00
Night charge (1900-0700)	\$125.00
ECG/Pacing/Cardioversion/Defib	\$400.00
Isolette	\$100.00
Spinal Immobilization	\$390.00
Extrication/Off Road Rescue	\$200.00
Capnography	\$190.00
Bag Valve Mask	\$190.00
Intraosseous Needle/Infusion	\$210.00
Nebulizer Medications and Supplies	\$180.00
Atropine	\$60.00
Benadryl	\$60.00
Morphine	\$60.00
Fentanyl	\$60.00
Epinephrine	\$60.00
Oral glucose	\$60.00
Lidocaine	\$60.00
Amiodarone	\$60.00
Zofran/Ondansetron	\$60.00
Versed 10mg	\$60.00
Dextrose 10% - Dextrose 25%	\$60.00
Ketamine	\$60.00
Glucagon	\$190.00
Narcan	\$175.00
Nitro spray	\$160.00
Adenosine	\$325.00
Endotracheal Intubation	\$200.00
Needle Cri/Thoracenteses	\$200.00
Glucometer use	\$50.00
Suctioning	\$60.00
Pulse Oximetry	\$40.00
CPAP procedure/supplies	\$140.00



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/25/2026

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
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
16th Floor
Philadelphia PA 19103 USA

CONTACT

NAME:

PHONE
(A/C. No. Exd): (866) 283-7122FAX
(A/C. No.): (800) 363-0105E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

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

INSURER A: ACE American Insurance Company 22667
INSURER B: Indemnity Insurance Co of North America 43575
INSURER C: ACE Fire Underwriters Insurance Co. 20702
INSURER D: Underwriters at Lloyds 32727
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570118718570

REVISION NUMBER:

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			XSLG49383034 SIR applies per policy terms & conditions	03/31/2026	03/31/2027	EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 SIR \$250,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			ISA H11429178	03/31/2026	03/31/2027	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WLRC72807157 AOS	03/31/2026	03/31/2027	☒ PER STATUTE ☐ OTHER
C	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A			SCFC72807170 WI	03/31/2026	03/31/2027	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D	E&O - Professional Liability Excess			CSHLC2601663 Ex Prof(Claim Made)/Ex GL SIR applies per policy terms & conditions	03/31/2026	03/31/2027	Per Occ/Agg \$15,000,000 SIR - Ex Prof \$10,000,000 SIR - Ex GL \$10,000,000

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

County of Humboldt is included as Additional Insured in accordance with the policy provisions of the General Liability policy. A waiver of subrogation is granted in favor of County of Humboldt in accordance with the policy provisions of the General Liability, Automobile Liability, Professional Coverage (E&O) and workers' compensation policies.

CERTIFICATE HOLDER

CANCELLATION

County of Humboldt
Attn: Risk Management
825 5th Street, Room 131
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

Aon Risk Services Central Inc.

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Holder Identifier :

Certificate No : 570118718570



**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED City Ambulance of Eureka, Inc.	
POLICY NUMBER See Certificate Number: 570118718570			
CARRIER See Certificate Number: 570118718570	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

XS GL/E&O Carriers

Dale	30.00%
Chaucer	6.66%
Chubb	16.66%
MedPro	10.00%
Hamilton	8.18%
ACT	28.50%
Total:	100.00%

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

Named Insured Global Medical Response, Inc.			Endorsement Number 145
Policy Symbol XSL	Policy Number G49383034	Policy Period 03/31/2026 to 03/31/2027	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers	All locations where you perform work for such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance And Retained Limit:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured GLOBAL MEDICAL RESPONSE INC. 4400 HWY 121, SUITE 700 LEWISVILLE TX 75056	Endorsement Number
	Policy Number Symbol: WLR Number: C72807157
Policy Period 03-31-2026 TO 03-31-2027	Effective Date of Endorsement 03-31-2026
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

Schedule**1. (X) Specific Waiver**

Name of person or organization:

THE COUNTY OF HUMBOLDT ITS OFFICERS, OFFICIALS, EMPLOYEES,
REPRESENTATIVES AND VOLUNTEERS

() Blanket Waiver

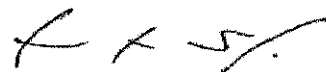
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

ALL OPERATIONS CONDUCTED BY AN INSURED PURSUANT TO SUCH
WRITTEN CONTRACT.

3. Premium:

The premium charge for this endorsement shall be INCLUDED percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium : INCLUDED

Authorized Representative

SIGNATURES

Named Insured Global Medical Response, Inc.			Endorsement Number 9
Policy Symbol XSL	Policy Number G49383034	Policy Period 03/31/2026 TO 03/31/2027	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

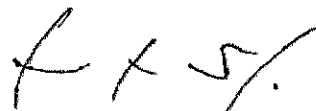
By signing and delivering the policy to you, we state that it is a valid contract.

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA (A stock company)
BANKERS STANDARD INSURANCE COMPANY (A stock company)
ACE AMERICAN INSURANCE COMPANY (A stock company)
ACE PROPERTY AND CASUALTY INSURANCE COMPANY (A stock company)
INSURANCE COMPANY OF NORTH AMERICA (A stock company)
PACIFIC EMPLOYERS INSURANCE COMPANY (A stock company)
ACE FIRE UNDERWRITERS INSURANCE COMPANY (A stock company)
WESTCHESTER FIRE INSURANCE COMPANY (A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703



Brandon Peene, Secretary



Juan Luis Ortega, President

Authorized Representative