



San Miguel County
Board of County Commissioners
PO Box 1170
333 West Colorado Ave., 3rd floor
Telluride, CO. 81435
970-728-3844

San Miguel County
AMBULANCE LICENSE APPLICATION

ENTITY NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE APPLICATION SUBMITTED: _____

DATE CURRENT LICENSE EXPIRES: _____

According to Resolution 2002-22* – Resolution of the Board of County Commissioners of San Miguel County, Colorado, adopting Emergency Medical Service Rules and Regulations for the County of San Miguel, Colorado.

*All applications must have:

_____ Certificate of Motor Vehicle Condition Form (Completed for each vehicle).

_____ Ambulance Inspection for each Ambulance in use. (C.R.S. 25-3.5-301 Section 12 – Minimum equipment to be carried on an Ambulance) There is no charge for the 1st Ambulance inspection (each year). Additional inspections will be assessed a fee of \$300.00 each time the inspector must return.

_____ 3.8.3 Each Ambulance shall provide a copy of the current motor vehicle registration with their application.

_____ 4.5 Insurance – No emergency medical service provider shall operate in San Miguel County unless it is covered by insurance as set forth in the Resolution 2002-22. 4.5.3 Proof of insurance shall be submitted at the time of application, along with the application for Ambulance Service License as required. The vehicle insurance shall comply with the policy for motor vehicles as defined in Section 10-4-703, C.R.S., as amended.

List of Current ambulances:

1. AMBULANCE MAKE/YEAR: _____

BODY MANUFACTURER: _____

VIN#: _____

PRIMARY LOCATION OF AMBULANCE: _____

2. AMBULANCE MAKE/YEAR: _____

BODY MANUFACTURER: _____

VIN#: _____

PRIMARY LOCATION OF AMBULANCE: _____

3. AMBULANCE MAKE/YEAR: _____

BODY MANUFACTURER: _____

VIN#: _____

PRIMARY LOCATION OF AMBULANCE: _____

4. AMBULANCE MAKE/YEAR: _____

BODY MANUFACTURER: _____

VIN#: _____

PRIMARY LOCATION OF AMBULANCE: _____

Attach additional sheets as necessary.