



Texas City Fire Department  
 1725-25<sup>th</sup> Street North  
 Texas City, TX 77590  
 (409) 643-5705

FOR OFFICE USE ONLY	
Received Date:	_____
Amount Paid:	_____
Issue Date:	_____
Expired Date:	_____
Permit No.	_____

### Ambulance Service Permit Application

To the Texas City Fire Department, EMS Administration: In conformity with the City Ordinance, application for an Ambulance Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Ambulance Service Full Name

TDSHS Company License Number

Mailing Address

Physical Address

Telephone No.  Fax No.  EMail Address

Owned by the Following person(s):

Last Name, First Name	Home Address	Driver License No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle Liability Insurance Provider:  Telephone No.

Policy No.  Insurance Agent's Name:

Minimum Amount per Accident \$  Per Person Injured \$

Medical Directory  Medical License No.

Business Address

Telephone No.  Fax No.  EMail Address

Director of Operations or Agent responsible for the local operation of the Ambulance Service described above is:

Last Name, First Name  Texas Driver License No.

\_\_\_\_\_  
 Signature of Applicant

Before me, a notary public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing application and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public Seal

\_\_\_\_\_  
 Notary Public Signature