APPLICATION FOR
TRANSFER AMBULANCE ANNUAL OPERATOR'S PERMIT

(City of Lubbock Code of Ordinances, Article 24.08)

Date: _____ Permit period: _____

Fee: $75 per application

$100 per vehicle - vehicle permit

$25 per vehicle - inspection fee

$15 per vehicle - decal Total: $ _____

Business Name: _____ Phone: _____

Business Address: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

E-mail Address: _____

Name of Local Manager: _____

Number of ambulances to be operated: _____

Name(s) of the owner(s) of the ambulances, if different from the business owner:

_____

A. ** Attach list of corporate officer names, addresses, and phone numbers, if applicable.

B. ** Attach a Lubbock County Tax Appraisal District statement indicating all business taxes, both real and personal, are current.

C. ** Attach a Certificate of Public Liability and Property Damage Insurance in accordance with the provisions of this ordinance (stating coverage of vehicles listed.

Coverage period: _____ Amount: $ _____

D. ** Attach schedule of rates, charges, and fees.

E. ** Attach a current Financial Statement.

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F. ** Attach list of drivers (complete name, date of birth, license number and a statement certifying that the driver is Texas certified as a basic EMT and/or emergency care attendant.

List Make, model, VIN, license number, length of time in service, color scheme, and insignia/destinguishing characteristics:

Make	Model	VIN	License Number	Time in Service	Color	Insignia

** Inspection reports for each ambulance listed on this application. (Applicant must complete the Siren & Radio Inspection Report and submit the the City radio inspector on the inspection date. The City Secretary's Office will complete the remaining inspection forms.)

** Permit renewal applications are to be filed 45 days prior to the expiration of the existing permit.

** Have you been convicted of a felony, or a misdemeanor involving moral turpitude, within the last ten (10) years? Yes_____ No _____

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If yes, explain: _____

_____

I, _____, Applicant, hereby certify that the information contained herein, and the requested documents attached hereto, are true and correct.

_____
Applicant

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20_____.

(Seal)

_____
Notary Public, Lubbock County, Texas

APPROVED:	DISAPPROVED:
_____	_____
Police Chief	Police Chief
_____	_____
City Manager	City Manager
_____	_____
Fire Chief	Fire Chief
_____	_____
City Secretary	City Secretary
_____	_____
Risk Management	Risk Management
_____	_____
Fleet Maintenance	Fleet Maintenance

I, _____, authorize the Office of the

City Secretary to charge my _____card for

$ _____, via the card information listed below:

CREDIT CARD NUMBER	
CREDIT CARD TYPE (Visa or Master Card)	
AUTHORIZATION CODE (3-digit number on back of card)	
EXPIRATION DATE (MM/YY)	
CARDHOLDER ADDRESS (Street, City, State and Zip)	
CARDHOLDER SIGNATURE	

City of Lubbock
Office of the City Secretary
PO Box 2000
Lubbock, TX 79457

(806) 775-2029