



This form must be completed upon ambulance licensure or anytime there is a change in squad leader. A current squad leader agreement must be on file for each service at all times.

**SERVICE SQUAD LEADER**

First Name		Last Name		MI
Street Address / PO Box			City	
State	ZIP Code	Telephone Number		
Name of EMS Agency		EMS Agency License	ND EMS Number	

I, the above-named EMS professional, agree to function as Squad Leader for the above-named Ambulance Service, its associated substation units and/or Quick Response Unit(s). As Squad Leader I understand that I am responsible for ensuring compliance with all rules and regulations in regard to ambulance licensure requirements for the above-named ambulance service and its associated substation(s)and/or Quick Response Unit(s). It is my duty to maintain updated service information with the Emergency Medical Systems Unit including updating the service address and contact information as well as service personnel and vehicle rosters as needed.

The expiration date of this agreement will coincide with the expiration date of the ambulance license or may be terminated upon written notification to the Emergency Medical Systems Unit.

Squad Leader Signature	Date
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If this is a change/addition of squad leader, check one of the boxes below:

<input type="checkbox"/> Remove previous squad leader from service roster. <input type="checkbox"/> Maintain previous squad leader on service roster, changing status to 'service member'. <input type="checkbox"/> Add new squad leader as an additional 'co-squad leader'.	
Name of Previous Squad Leader	Previous Squad Leader ND EMS ID Number
Signature of Outgoing Squad Leader (or another authorized signature if unavailable)	Date
Title	

This form may be completed and mailed to:  
North Dakota Department of Health and Human Services  
Emergency Medical Systems Unit  
1720 Burlington Dr – Suite A  
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to [dems@nd.gov](mailto:dems@nd.gov) or via fax at 701-328-0357.

Our website is: [www.hhs.nd.gov](http://www.hhs.nd.gov)

For questions, call 701-328-2388 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov).