

## NORTH DAKOTA AMBULANCE LICENSE INITIAL APPLICATION SUPPLEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES EMERGENCY MEDICAL SYSTEMS UNIT SFN 60755 (07/2023)



Name of Company/Applicant				
Complete items 1 - 4 below along with a	ny appendice	s and additional pages, as r	necessary.	
Licensure of new EMS agencies in Nort the Division of Emergency Medical Syst			eds of the service area as determined by	
Upon approval of licensure, the applicar Century Code and Administrative Rules level granted.				
Contact Person			E-mail Address	
Address				
City	State	Zip Code	County	
Daytime Telephone Number		Evening Telephone Number		
Location for which licensure is sought - city, county (Be specific if applying for an area outside of an established city).				
Check one level: BLS		ALS		
Signature			Date	
your response. Attach additional page	s as needed	. Additional pages/attach	ments must be clearly identified.	

Name of Company / Applicant			
preceding Gap Identification statement. Attach additional pages a			
	et the previously identified needs in the location for which ocumentation to illustrate specifically how the applicant will fulfill enal pages as needed. Additional pages must be identified		
<b>4. Business Plan.</b> Include in this application as an attachment, a plan for service sustainability such as funding, workforce, and call volume. Include a financial business plan to include immediate start-up costs and future financial costs. Address plans for obtaining and maintaining the service's necessities such as staff, vehicles, buildings, equipment, <i>etc.</i>			
This form may be completed and mailed to:			
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 <a href="mailto:dems@nd.gov">dems@nd.gov</a> or via fax at 701-328-0357.  Our website is: <a href="mailto:www.hhs.nd.gov">www.hhs.nd.gov</a>		
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For questions, call our office at 701-328-2388 or e-mail us at <a href="mailto:dems@nd.gov">dems@nd.gov</a>.