

Name of Company / Applicant

2. Provision of Evidence. Provide sufficient evidence and documentation to support the needs and/or gaps identified in the preceding *Gap Identification* statement. **Attach additional pages as needed. Additional pages must be identified appropriately.**

3. Justification. Describe how the applicant service will meet the previously identified needs in the location for which licensure is being sought. Provide sufficient evidence and documentation to illustrate specifically how the applicant will fulfill the needs and /or gaps previously identified. **Attach additional pages as needed. Additional pages must be identified appropriately.**

4. Business Plan. 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, *etc.*

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 dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.