

# Yolo County Emergency Medical Services Agency

## STANDBY & SPECIAL EVENT AMBULANCE PROVIDER APPLICATION

### EVENT INFORMATION

Event Name:	Event Date:
Event Location:	
Event Sponsor/Company:	
Event Contact Name:	Phone #:
Event Website:	

### AMBULANCE PROVIDER CONTACT INFORMATION

Company Name:	Alias(es):	
Mailing Address:		
City:	State:	Zip:
Provider Contact Name:	Title:	
Cell Phone #:	Email:	

List all local Emergency Medical Services (EMS) Agencies under which you currently provide service:

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Provide a list of attending Personnel and Certification numbers and copies of the certification cards:

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Attach a list of all EMS equipment that will be available for the event.

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Attach a list of all Vehicle Radio/Communication Capabilities.

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I certify that the information provided in this application is true, accurate and complete. I affirmatively represent that I have the requisite legal authority and am authorized to complete and submit this application for the Ambulance Provider listed above and to bind the Ambulance Provider to the terms and conditions herein. I understand that all information provided is subject to an audit. This signature is an agreement that Ambulance Provider will comply with Yolo County Ordinance No.1515, Chapter 6 of Title 4 of the Yolo County Code in its entirety. Both the person executing this application on behalf of Ambulance Provider and Ambulance Provider understand that the Yolo County Emergency Medical Services Agency is relying on these representations in accepting this application.

Printed Name	Signature	Date
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Submit all items electronically to YEMSA  
YEMSA Policy, Protocols and Inventory lists can be found at: [www.yemsa.org](http://www.yemsa.org)