



MAINE EMS
SERVICE LICENSE APPLICATION

For what license are you applying?

- 1. New Service License
2. Upgrade in License Level
3. Downgrade in License Level
4. Change in Permit Level
5. Change in Primary Service Area
6. Change in Service Name
7. Change in Base Location
8. Paramedic Interfacility Transport (PIFT) Endorsement

Section I - Service Information

A. Service Name: \_\_\_\_\_ Service #: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
B. Business Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
C. Federal Tax ID# (EIN): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
D. Physical address of bases used by this service
1. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Base Primary Contact: \_\_\_\_\_
2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Base Primary Contact: \_\_\_\_\_
3. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Base Primary Contact: \_\_\_\_\_
4. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Base Primary Contact: \_\_\_\_\_

## Section II – Service Administration

List the names and telephone numbers of the service administration. (Note: this list will supersede all previous lists).

A. DIRECTOR: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
\* If no EMS License, mark N/A

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

B. ASSISTANT DIRECTOR: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
\* If no EMS License, mark N/A

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

C. ADDITIONAL REPRESENTATIVE: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
\* If no EMS License, mark N/A

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

D. SERVICE MEDICAL DIRECTOR: \_\_\_\_\_ \*Medical License #: \_\_\_\_\_  
\* Required

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E. INFECTION CONTROL OFFICER: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
\* If no EMS License, mark N/A

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

F. PRIMARY QA/QI CONTACT: \_\_\_\_\_ \*Maine EMS License #: \_\_\_\_\_  
\* If no EMS License, mark N/A

E- Mail address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\* Required if no EMS License

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Section III - Service Type

A. Organizational Type: a.  Community, Non-Profit   b.  Fire Department   c.  Governmental, Non-Fire  
d.  Hospital   e.  Private, Non Hospital   f.  Tribal

Note: If you checked boxes a or e above, you must attach 4 character references in accordance with Chapter 3 §5.1.C.4.

B. For what type of service license are you applying?

9-1-1 Response (Scene) with Transport Capability    9-1-1 Response (Scene) without Transport Capability

Scene Response Air Ambulance    Transfer Air Ambulance Service    Restricted Response Air Ambulance Service (RRAAS)

**Section IV - License Level**

Please indicate the license level at which the service can provide at least one EMS provider, licensed at the level of the service, on all emergency medical calls. This is the license level you may advertise.  
(Note: Transporting Ambulance Services may not license at the first responder level).

\_\_\_\_\_ Emergency Medical Responder    \_\_\_\_\_ Emergency Medical Technician    \_\_\_\_\_ Advanced EMT    \_\_\_\_\_ Paramedic

Note: If applying for licensure at the Advanced EMT or Paramedic level, a copy of the service's agreement with a hospital pharmacy (or other Maine EMS approved pharmacy) must be attached to this application.

**Section V - Service Permit Level**

Please indicate the level of care to which the service requests authorization to provide on a part time basis. This is the permit level of the service, and may not be advertised to the public.

\_\_\_\_\_ Emergency Medical Technician    \_\_\_\_\_ Advanced EMT    \_\_\_\_\_ Paramedic

Note: If applying for permit at the Advanced EMT, or Paramedic level, a copy of the service's agreement with a hospital pharmacy for the dispensation of drugs must be attached to this application.

**Section VI – PIFT Endorsement**

**PIFT Quality Assurance/Quality Improvement Plan-** *Please include a written copy of the plan your service will use to review 100% of PIFT transports.*

**Service Medical Director-** Please list the name, address, and phone number of the Maine licensed physician who will be serving as the Service Medical Director for all PIFT transports.

**Name:** \_\_\_\_\_ **Business Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**As the service medical director for \_\_\_\_\_, I agree to provide medical oversight of paramedic interfacility transports under the Maine EMS PIFT Program, including operational support, education, and 100% QA/QI of all PIFT transport reports and QA forms as required by Maine EMS and the MDPB.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section VII - Service Area**

Primary Response Area - List, by city or town, the service's Primary Response Area. A Primary Response Area is defined as the area(s) to which a service is made routinely available when called by the public to respond to medical emergencies.

\_\_\_\_\_  
\_\_\_\_\_

**Section VIII - Quality Assurance/Quality Improvement Committee**

List the position (e.g. Service Director, Paramedic, EMT), the members of your service's Quality Assurance/Quality Improvement Committee, and attach a copy of your services quality improvement program

\_\_\_\_\_  
\_\_\_\_\_

**Section IX - Communications**

A. Describe the method for public access to the service; the name of the dispatch center; explanation of the dispatch method and procedures; type and quantity of communications equipment to be utilized; and a list of radio frequencies utilized by the service (use additional sheets as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Please list the following agencies and their telephone numbers:

Public Safety Answering Point (9-1-1 Center): \_\_\_\_\_ PSAP Business Tel #: \_\_\_\_\_  
 (Other than 911)

Dispatch Agency: \_\_\_\_\_ Dispatch Business Tel #: \_\_\_\_\_

**Section X - Vehicle Information**

A. List, below, the vehicle(s) for which the service requests ambulance vehicle licensure (attach extra sheets as necessary):

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Chassis Manufacturer	Ambulance Manufacturer	Chassis Year	Vehicle Type

B. List, below, the Emergency Medical Services Vehicle(s) (EMSV) for which the service has received Maine EMS authorization. Do not list vehicles in this section that are licensed as ambulances or fire service vehicles.

Maine EMS #	VIN# (Full 16 Character)	DMV Registration #	State	Vehicle Manufacturer	Vehicle Model	Vehicle Year	Vehicle Type

**Section XI - Personnel**

Please attach a current list of Maine EMS licensed personnel for your service.  
 (If the application is for a request to permit only, list only those personnel who are licensed at the proposed permit level.)

**Section XII - Non Transporting Services Endorsement**

**A. Transporting Service Endorsement for Non Transporting Services**

I certify that the below named ambulance service has a letter of understanding or other written agreement in effect with the applicant which provides for the simultaneous dispatch, and transport of patients, as required in chapter 3 §5.1.C.5 of the Maine EMS Rules.

Name of Transporting Service: \_\_\_\_\_ Service #: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_

**Section XIII - Service Representative Endorsement**

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge; that the service is eligible for licensure/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § § 81 *et seq*); that the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses. The service requesting licensure understands that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS service and agrees to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board, and further agrees that QA/QI information pertaining to the service may be shared amongst recognized participants within the Maine EMS QA/QI system. I request that the Maine EMS Board approve any changes indicated regarding the Service's Quality Assurance/Quality Improvement Committee (in accordance with 32 M.R.S.A. § §92-A *et seq*). I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the service's license by Maine EMS.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE SCHEDULE**

- Service Fee** - \$100.00 per Licensed per year
- Transporting Ambulance** - \$60.00 per Ambulance
- EMS Vehicle Fee** - \$60.00 per vehicle\*.

\*Fire Based Services, there is no fee to license non-transporting EMS vehicles.

**Payment Authorization** – Applicants may charge the cost of the service license and/or vehicles to their credit card.

**I authorize the Department of Public Safety, Bureau of Maine Emergency Medical Services to charge my:**

VISA      MASTERCARD      DISCOVER (circle one)      the following amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_mm/yyyy  
 Name of Card Holder \_\_\_\_\_  
 Billing Address of Card holder \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Applicants may also pay by purchase order or check. **Make checks payable to: *Treasurer of State Maine***

Mail your signed application (photocopied, faxed or scanned signatures cannot be accepted) and fees to:  
 Maine EMS  
 152 State House Station  
 Augusta, Maine 04333.

Please call Maine EMS at 207-626-3860 if you have questions.