

	FEES:		PLEASE RETURN TO: Planning and Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114
	Ambulance Service IND License	No Fee	
Ambulance Attendant Fee	No Fee		
Renewal Individual License Fee	No Fee		
Business License Fee/Renewal Fee	\$50.00		

APPLICATION FOR AMBULANCE SERVICE INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity, which meet the criteria for individual licenses, be applied for in addition to a City of Auburn business registration from the City Clerk's office. City of Auburn business registrations and individual licenses are required to be renewed by December 31st of each year. **WA STATE AMBULANCE STATUTE:** All ambulance services must comply with the State of Washington statute WAC 18.73

CHECKLIST/REQUIREMENTS:		LIABILITY INSURANCE	
VEH & EQUIP Inspection Report	Yes <input type="checkbox"/> No <input type="checkbox"/>	The liability insurance policy must name the City as additional insured against all claims for personal injury, death and property damage arising out of operation of the ambulance service of first-aid vehicles and care of patients.	
Schedule of Current Rates	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evidence of Insurance Premium Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Certified Medical Attendant	Yes <input type="checkbox"/> No <input type="checkbox"/>		

AMBULANCE SERVICE INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:

APPLICANT'S INFORMATION: Service <input type="checkbox"/> Attendant <input type="checkbox"/>			
Address:			
City:	State:	Zip:	Telephone:
Maiden Name:	Alias/Previous Name:		
Drivers License No.:	Eye Color:	Hair Color:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	HT:	WT:	
Social Security No.:	Date of Birth:	Place of Birth:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status:			
Previous Home Address Past (5) years:			
1.	2.		
Previous Employment Past (5) years:			
1.	2.		

STATE OF WASHINGTON
COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn an AMBULANCE individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained, are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

Signature of Applicant

Subscribed and sworn before me this ____ date of _____, 20____, Notary Public in and for the State of Washington, residing at _____. My Commission Expires: ____/____/____
Signature: _____

FOR OFFICE USE ONLY:

<input type="checkbox"/> Planning _____	Date Received: _____
<input type="checkbox"/> Building _____	Amount Paid: _____
<input type="checkbox"/> Fire _____	TR Receipt #: _____
<input type="checkbox"/> Police _____	Business License #: _____