

Agency Amendment

Agency Amendment Fee: \$100.00

Agency Name: _____ Agency License Number: _____

Change in the Name of the Service: _____
New service name

☐ Change in Level of Care: ☐ Basic Life Support ☐ Intermediate Life Support ☐ AEMT Life Support ☐ Paramedic Life Support

☐ Change in Service Area: Provide an updated coverage area map. If the updated coverage area includes added city or county jurisdiction, a Letter of Governmental Support must be included for each new governmental entity.

☐ Addition of Substation: _____
New substation name Address City State Zip Code County

If the Substation is outside of your current coverage area, provide an updated coverage area map. If the updated coverage area includes added city or county jurisdiction, a Letter of Governmental Support must be included for each new governmental entity.

Type of Service: Indicate on a separate page the changes are being made to your type of service.

**** Items in this section do not require an amendment fee. ****

☐ Mailing Address ☐ Physical Address (same coverage area) ☐ Record Retention Address Change

Address City State Zip Code County

☐ Voluntary Downgrade to an Emergency Medical Response Agency

☐ Change in Ownership: _____
Name of owner Address Phone number

Select all that apply:

☐ Governmental ☐ City ☐ County ☐ State ☐ Federal ☐ Tribal ☐ Private (for profit) ☐ Private (not for profit)

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Owners that have 5% or more, attach the name, address of any other ambulance service in which any partner or stockholder holds an interest shall also be included.

☐ Title 19 Ambulance Service District ☐ 522 District

☐ Other (Specify): _____

Have any of the owners, principals, officers, or directors of the disclosing entity ever been convicted of a felony? Yes ☐ No ☐

If yes, list names and a brief description of felony convictions.

Owner Signature

This application form must be signed by an authorized applicant. Signature on the license application indicates an understanding that the signee is a responsible party for compliance with rule and law. I attest that the foregoing is true and correct to the best of my knowledge.

Print name: _____ Title: _____

Signature: _____ Date: _____

Please mail the application, supporting documents, and fee to: OSDH Emergency Systems

Attn: Financial Management

P.O. Box 268823

Oklahoma City, OK 73126-8823

Make a check or money order payable to OSDH