



**RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
AMBULANCE SERVICE PROVIDER PRE-APPLICATION FORM**

This is the Riverside County Emergency Medical Services Agency (REMSA) Ambulance Service Pre-Application for Ambulance Providers who are not currently permitted as an Ambulance Service Provider in Riverside County. This Pre-Application serves as an intent to apply to become REMSA approved ambulance service provider. Please complete this pre-application and submit it to REMSA ambulance permit staff. Once the pre-application has been evaluated by REMSA permit staff, you will be provided with access and instruction to complete the Ambulance Service Provider Application. This pre-application does not grant authorization to operate as an ambulance service provider in Riverside County.

**COMPANY DEMOGRAPHICS**

Company Name:		NPI#:	
Address:		Suite #:	
City:	State:	Zip:	
Bus. Phone:		Bus. Fax:	
Bus. Website:			NA <input type="checkbox"/>

**AMBULANCE LEVEL(S) OF SERVICE YOU WISH TO APPLY**

BLS: <input type="checkbox"/>	*ALS: <input type="checkbox"/>	CCT: <input type="checkbox"/>	AIR: <input type="checkbox"/>
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**COMPANY REPRESENTATIVE**

Name of company rep. who will complete permit application:		
Title:	Phone:	Email:

**COMPANY INFORMATION**

Years in service:
Is the company in good standing with the counties in which you are currently licensed or permitted? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please explain in separate letter.

**COUNTIES IN WHICH THE PROVIDER IS APPROVED TO PROVIDE AMBULANCE SERVICE**

Imperial <input type="checkbox"/>	San Diego <input type="checkbox"/>	Los Angeles <input type="checkbox"/>	Orange <input type="checkbox"/>	San Bernardino <input type="checkbox"/>	Ventura <input type="checkbox"/>	Kern <input type="checkbox"/>
Other:						

**ACCREDITATION**

All prospective ambulance provider must have current Commission on Accreditation of Ambulance Services (CAAS) OR Commission on Accreditation of Medical Transports Systems (CAMTS)

Please check the appropriate :	CAAS: <input type="checkbox"/>	CAMTS: <input type="checkbox"/>
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**ACKNOWLEDGMENT**

I certify that the information and statement provided in this pre-application are true, accurate and complete. I certify that I am authorized to make this pre-application for the ambulance provider listed above. I understand that all information provided is subject to audit.

First & Last Name:		Date:
Title:		
Phone:	Email:	

**SUBMIT INSTRUCTIONS**

Once you have completed this pre-application, please submit it as an attachment via email. Please email the pre-application to [holson@rivco.org](mailto:holson@rivco.org). You can also mail the printed form to Riverside County Emergency Medical Services Agency: 450 E Alessandro Blvd Riverside, CA 92508 Attention: Henry Olson  
If you have any questions, contact Henry Olson at 951-955-5514 or email [holson@rivco.org](mailto:holson@rivco.org)

\*You must be a 911 Exclusive Operating Area (EOA) provider to run ALS 911.

**Note: This pre-application does not authorize the ambulance provider to operate as an ambulance service provider in Riverside County until the company has completed the appropriate full application, completed all inspections, paid all fees and received REMSA ambulance permit to operate from REMSA.**