



CERTIFICATE OF OPERATION APPLICATION

MARIN COUNTY EMS AGENCY
 899 Northgate Drive #104, San Rafael, CA 94903
 ph. 415-473-6871 fax 415-473-3747
 www.MarinEMS.org

Please attach the following and submit with application:

Fee of \$655.00 payable to County of Marin

Statement on levels of service to be provided and estimated number of vehicles at each level (BLS, ALS or CCT)

All other information as required and listed in Marin County's ambulance ordinance implementing regulations.

Applicant Last Name			First Name			Middle Initial		
Residence Address				Business Address				
City		State	Zip	City		State	Zip	
Business Name								
Business Owner(s) Name								
Owner Address								
City			State			Zip		
<p>I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to a certificate of operation in Marin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this agency to contact any person or agency for information related to my application for this certificate. I agree to comply with all laws and regulations applicable to the certificate for which I am applying, and I understand that violation of any law or regulation adopted by the County of Marin pursuant thereto may result in the filing of an action against this certificate such as a fine, suspension, or revocation.</p> <p>Signature of Applicant: _____ Date: _____</p>								

Office Use Only	
<input type="checkbox"/> Fees paid. Receipt # _____ <input type="checkbox"/> Level of service statement	<input type="checkbox"/> Approved Date _____ Initials _____ <input type="checkbox"/> Issued Date _____ Initials _____