

Instructions for Completing Wasco County ASA Application Form

- 1. The application form provided as part of the Wasco County Ambulance Service Area Plan shall be the only acceptable method of application to provide ambulance service to a Wasco County ASA Area.**
- 2. Applicants should provide the information requested to the best of their ability. If the response to a question can be satisfied by attaching a document or documents that method is acceptable. Applicants should enter the term “Refer to attached (name or label of document)” and provide the attachment with the application.**
- 3. Completed applications can be submitted by First Class Mail addressed to:**

**Ambulance Service Area Coordinator
Wasco County Emergency Management
511 Washington St., Suite 102
The Dalles, OR 97058**
- 4. Once applications are received they will be reviewed by the Wasco County Ambulance Service Area Plan Review Committee. The Committee will make recommendations to the Board of County Commissioners regarding the award of ASA contracts.**
- 5. Successful applicants will be notified via letter from the Wasco County Board of Commissioners.**

**Wasco County ASA Application Form
Application to Provide Ambulance Service
in Wasco County, Oregon**

Initial Application

Renewal

1. Ambulance Service Name:
2. Name of Owner(s):
3. If a Corporation, Legal Name:

Officers and Titles:

4. Address of Owner or Corporation:

Street:

Box:

City:

State:

Zip:

Phone:

Name, phone number and e-mail address of Primary ASA Contact:

Name:

Phone Number:

E-mail address:

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

Yes

No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

Yes

No

If no, please describe proposed service area:

ASA-3

Applying to service entire area?	Yes	No
If no, please describe proposed service area:		

ASA-4

Applying to service entire area?	Yes	No
If no, please describe proposed service area:		

ASA-5

Applying to service entire area?	Yes	No
If no, please describe proposed service area:		

ASA-6

Applying to service entire area?	Yes	No
If no, please describe proposed service area:		

ASA-7

Applying to service entire area?	Yes	No
If no, please describe proposed service area:		

Phone Access – Days: Night:

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

Yes No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):
13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance: Yes No

Malpractice Insurance: Yes No

Bonding: Yes No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents):

14. Are you currently providing ambulance service in another ASA in Oregon?

Yes No

If yes, describe:

15. Are you currently providing an ambulance service in one or more other states?

Yes No

If yes, describe:

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? Yes No

If the reason is no, give reason why:

17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? Yes No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?
 Yes No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: Yes No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?
 Yes No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:
22. Signature of Applicant: _____
Official Title: _____
Date: _____
23. Requested Attachments: