



**DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS AND TRAINING AND  
EMERGENCY MEDICAL SERVICES  
NH EMS NON-TRANSPORTING UNIT APPLICATION  
PLEASE PRINT (BLACK INK) OR TYPE**

UNIT LICENSE # (if renewal) \_\_\_\_\_

LEGAL NAME OF UNIT \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET/POB CITY STATE ZIP CODE

HEAD OF UNIT \_\_\_\_\_ TITLE \_\_\_\_\_ DAY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ FAX #: \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ DAY PHONE \_\_\_\_\_  
 \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

MEDICAL RESOURCE HOSPITAL \_\_\_\_\_  
 \_\_\_\_\_

MEDICAL DIRECTOR \_\_\_\_\_ COPY OF MRH AGREEMENT ATTACHED  
 \_\_\_\_\_

**OPERATIONS**

(1) \_\_\_ Commercial (2) \_\_\_ Funeral Director (3) \_\_\_ Hospital Based (4) \_\_\_ [Paid] Municipal FD  
 (5) \_\_\_ [Paid] Municipal Police (6) \_\_\_ Vol. FD (7) \_\_\_ Volunteer (8) \_\_\_ Other [Specify] \_\_\_\_\_

**COMMUNICATIONS**

NAME OF DISPATCH CENTER: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DISPATCH RADIO FREQUENCY: \_\_\_\_\_

OPERATIONS RADIO FREQUENCY [if appropriate]: \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

- THE FEE FOR A UNIT LICENSE IS \$100.00. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO THE "STATE OF NH". PURSUANT TO RSA 153-A:15, THERE SHALL BE NO LICENSING FEE CHARGED TO NON-PROFIT/VOLUNTEER EMS UNITS OR MUNICIPALITIES.
- A COPY OF CURRENT GENERAL & PROFESSIONAL LIABILITY INSURANCE IS REQUIRED (Saf-C 5903.03(2))

STATEMENTS OF CERTIFICATION

FCC AGREEMENT

I, \_\_\_\_\_, an official of \_\_\_\_\_ (Unit Name)

hereby agree to abide by the rules & regulations of the Federal Communications Commission and all the rules & regulations & procedures promulgated by the chief of the Bureau of Emergency Medical Services as they pertain to the use of the following radio frequencies: 155.340 MHz & 155.175 MHz and further agree that: A. the licensee shall have access to the grantee's communications maintenance records

- B. all grantees communications maintenance records be retained for one year
C. all transmissions will be of an official nature
D. the Bureau of EMS has the right to revoke this agreement immediately upon receipt of evidence regarding misuse of these frequencies by the grantee or any of his employees.

(Head of Unit/or Alternate) Signature: \_\_\_\_\_

NOTICE TO ALL APPLICANTS

Authority: NH RSA 153-A:10 and Administrative Rules Saf-C 5902, 5903, 5904, 5905

- 1. Organizations providing non-transporting emergency medical services must be currently licensed with the NH Bureau of Emergency Medical Services as a "Non-Transporting EMS Unit".
2. The Unit must have a designated "Medical Resource Hospital" (MRH) as indicated on the Unit application form, with a copy of a valid MRH agreement on file at the Bureau of EMS.
3. EMS Providers affiliated with the Unit must maintain appropriate licensure with the NH Bureau of EMS. Units may affiliate personnel at the First Responder through Paramedic levels. Appropriate MRH Agreements and, if applicable, Narcotics agreements must be valid between the Unit and the MRH. Legible photocopies of the valid agreement(s) must be on file with the NH Bureau of EMS.
4. NH EMS Units are licensed on a 2-year cycle. Unit relicensure is required prior to expiration of the current licensure period.
5. During the licensure period, the following requirements must be maintained by the Unit and submitted to the Bureau of EMS in writing:
\* Current rosters of licensed EMS Providers affiliated with the Unit including legal name and current NH EMS Provider license number.
\* Changes to EMS personnel - additions or deletions that occur must be submitted to the Bureau within 30 days of the change.
\* Changes to Head of Unit/Designee; alternate contacts; Unit address; contact numbers or email addresses.
6. The Unit \*\* is responsible for recordkeeping and reporting. This includes documenting all incidents where the Unit was requested or canceled, and where patient care was rendered or refused.
\*\* NOTE: Per Saf-C 5902.07(i) - Non-Transporting Units must also complete a patient care record for every incident outlined above.
7. The unit shall operate in accordance with all applicable local ordinances regarding EMS.

ACKNOWLEDGMENT

I, THE UNDERSIGNED, ATTEST THAT I AM DULY AUTHORIZED TO COMPLETE AND SIGN THIS APPLICATION; THAT I HAVE READ THIS APPLICATION IN ITS ENTIRETY; AND THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ON

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MAIL COMPLETED APPLICATION TO:

EMS LICENSING COORDINATOR
NH DOS, FST & EMS
BUREAU OF EMS
33 HAZEN DRIVE
CONCORD NH 03305
(603) 223-4218