



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

**Mailing Address:** NHFSTEMS • 33 Hazen Drive • Concord, NH 03305  
**Physical Address:** 98 Smokey Bear Boulevard • Concord, NH 03301  
**Phones:** Toll Free: (800) 371-4503 Local: (603) 223-4200  
**Fax:** (603) 271-4567 **Email:** [emslicensing@dos.nh.gov](mailto:emslicensing@dos.nh.gov)

### New Hampshire Bureau of EMS UNIT Application



<b>Type of Application:</b>		<b>NEW</b>	<b>RENEWAL</b>
<b>Section 1: UNIT INFORMATION</b>			
Type of Unit:	Transport	Non-Transport	Routine Level of Service:
Legal Name of Unit:			License #: (if renewal)
Business Address: – <b>PHYSICAL</b>	Street: Town/City:	State:	Zip:
Business Address: – <b>MAILING</b>	Street: Town/City:	State:	Zip:
Unit Phone Number:			Unit Fax Number:
Unit Email:			
Contact Person:			Email:
<b>Section 2: UNIT PERSONNEL INFORMATION</b>			
Head of Unit: (First, Last)			Title:
Best Contact Phone #:			Alternate Phone #:
Email:			
Name(s) of Alternate Authorized Unit Contacts/Signers:			Title:
1.			
2.			
3.			
<b>Section 3: HOSPITAL AFFILIATION INFORMATION</b>			
Name of Medical Resource Hospital (MRH):			
Name of Medical Director:			
⇒ <b>Note: MUST submit copy of current MRH agreement with this form.</b>			
<b>Section 4: UNIT OPERATIONS</b>			
Unit Type:	Unit Status:	Unit Tax Status:	
<b>Section 5: COMMUNICATIONS</b>			
Name of Dispatch Center:			Business Phone #:
Business Address:	Street/PO Box #: Town/City:	State:	Zip:
Dispatch Radio Frequency:	Operations Radio Frequency (if appropriate):		
<b>Section 6: INSURANCE</b>			
Name of Insurance Company:			
⇒ <b>Note: Submit a copy of current General and Professional Liability Insurance. (Saf-C 5903.03(2))</b>			
<b>Section 7: PAYMENT</b>			
⇒ <b>Note: Pursuant to RSA 153-A:15, there shall be no licensing fee charged to non-profit/volunteer EMS units or municipalities.</b>			
<b>Unit License Fee: \$100.00</b>	<b>ENCLOSED</b>	<b>NOT REQUIRED</b>	
<b>Please make check or money order payable to the "State of NH".</b>			

**Section 8: COVERAGE AREA**

	Town Name	Zip Code	County	% of Town Covered
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**(Please list any additional towns on a separate sheet of paper.)**

**CHECKLIST: The following documentation is included with the application:**

	MRH Agreement
	Unit Provider List (updated, signed and dated)
	Insurance binder (not necessary for municipal units if covered by Primex or LGC)
	Fee (if applicable)
	Additional list of towns in the EMS Unit coverage area (if applicable – see Section 8 above)

Signature:	Date:
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**STATEMENTS OF CERTIFICATION**

**FCC AGREEMENT**

The EMS Unit listed on this application hereby agrees to abide by the rules and regulations of the Federal Communications Commission and all the rules, regulations and procedures promulgated by the NH Department of Safety, Division of Fire Standards and Training & Emergency Medical Services (FST & EMS) as they pertain to the use of the following radio frequencies: 155.340 MHz and 155.175 MHz and further agrees that the licensee (FST & EMS) shall have access to the grantee's (Licensed EMS Unit's) communications maintenance records which shall be retained for one year, that all radio transmissions will be of an official nature, and that the NH Division of FST & 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/her employees.

**NOTICE TO ALL APPLICANTS**

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

1. All units 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.
2. For Private For-Profit or Private Non-Profit, the Unit shall be in good standing with the Secretary of State.
3. In order to be licensed as a Transporting Unit, documentation of ownership of one or more ambulances must be proven.
4. Organizations providing emergency medical service ambulance transportations must be currently licensed with the NH Bureau of Emergency Medical Services as a "Transporting EMS Unit".
5. NH EMS Units are licensed on a 2-year cycle. Unit re-licensure is required prior to expiration of the current licensure period.
6. EMS Providers affiliated with the Unit must maintain appropriate licensure with the NH Bureau of EMS. Units may affiliate personnel at the Emergency Medical Responder (EMR) 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.
7. 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
8. The Unit is responsible for recordkeeping and reporting. This includes complete documentation for all EMS incidents using 100% electronic submission into TEMSIS within 24 hours of any event where the Unit was requested to respond. This applies to all 911 calls, inter-facility and medical transports, cancelled calls, no patient found, patient refusals and assists and standbys with no patients.
9. 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; THAT I WILL ADHERE TO THE FCC AGREEMENT; AND THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ON:

<b>AUTHORIZED UNIT SIGNATURE:</b>	<b>DATE:</b>
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