



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

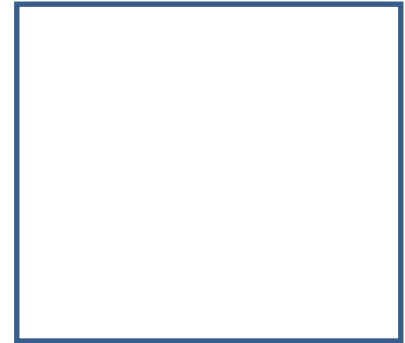
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New Hampshire Bureau of EMS WHEELCHAIR VAN-FOR-HIRE COMPANY APPLICATION



Type of Application: **NEW**

RENEWAL

Section 1: COMPANY INFORMATION

Legal Name of Company:			License #: (if renewal)	
Business Address: – PHYSICAL	Street:	Town/City:	State:	Zip:
Business Address: – MAILING	Street:	Town/City:	State:	Zip:
Company Phone Number:	Company Fax Number:			
Contact Person:	Company Email:			

Section 2: COMPANY PERSONNEL INFORMATION

Head of Company: (First, Last)		Title:		
Best Contact Phone Number:	Cell Phone Number:	Email Address:		
Name(s) of Alternate Authorized Company Contacts / Signers:		Title:		

Section 3: COMMUNICATIONS

Name of Dispatch Center:		Business Phone Number:		
Business Address:	Street/PO Box:	Town/City:	State:	Zip:

Section 4: INSURANCE

Name of Insurance Carrier:
⇒ Note: Submit a copy of current General & Professional Liability Insurance. [Saf-C 5919.01(a)(1)]

Section 5: PAYMENT

⇒ Note: Pursuant to Saf-C 5919.27 Licensing Fees shall be established as follows:		
Company License Fee: \$100.00 (or \$50 if the company also operates a currently licensed NH EMS Unit)	ENCLOSED	NOT REQUIRED
Please make check or money order payable to the "State of NH"		

Legal Name of Company:	Wheelchair Van-for-Hire Company Application – Page 2
CHECKLIST: The following documentation is included with the application:	
	Company Van Operators List with documentation of Passenger Assistance & two-way communication training
	Insurance binder (not necessary for municipal units if covered by Primex or LGC)
	Fee (as applicable)
Signature:	Date:

NOTICE TO ALL APPLICANTS

Authority: NH RSA 153-A:10 & Administrative Rules Saf-C 5919

- NH Wheelchair Van-for-Hire companies must license on a two-year cycle (after the initial license). Company re-licensure is required prior to expiration of the current licensure period.
- During the licensure period, the following requirements must be maintained by the company and submitted to the Bureau of EMS in writing:
 - Current rosters of van operators affiliated with the company including legal name and documenting passenger assistance training and a two-way communications training.
 - Changes to van operators – additions or deletions that occur must be submitted to the Bureau within 30 days of the change.
 - Changes to head of company/designee; alternate contacts; company address; contact numbers, or email addresses.
- For Private For-Profit or Private Non-Profit, the Unit shall be in good standing with the Secretary of State.
- The company is responsible for recordkeeping and reporting.

ACKNOWLEDGEMENT

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:

**NHFSTEMS
 Attention: EMS Licensing Coordinator
 33 Hazen Drive
 Concord, NH 03305**