

Confirmation Form for Providing Emergency 911 or Emergency Transfer Service in a County Other Than the County of Licensure

Provider: _____ License #: _____

County of Licensure: _____ (TSA): _____ Level of Service: _____

To be eligible for funding from the EMS Allotment/Allocation in a county other than the county of licensure, a licensed EMS Provider must provide documentation in the form of a Contract or Letter of Agreement to provide:

- emergency 911 (non-mutual aid); or
- emergency transfer service

Note: A separate confirmation is required for each county if services are being provided in more than one county outside of the county of licensure.

Contract/Letter of Agreement

This confirmation acknowledges that: _____
(Licensed Provider Name)

provides emergency 911 (non-mutual aid) or emergency transfer service in the

City/County _____ of TSA: _____

This agreement is made on _____ and is valid through _____
(Month/day/year) (Month/day/year)

Administrator (Printed Name)

City/ County/ Municipal Official (Printed name)

Administrator (Signature)

City/ County/ Municipal Official (Signature)

Date

Date

Email completed form to: fundingapp@dshs.texas.gov