



EMERGENCY MEDICAL SERVICES PROVIDER LICENSE LIST OF STATION LOCATIONS REVISED: 09/07/2017

Complete for all locations/stations where in service ambulances are housed. A list of station locations may be submitted without this form if all information requested below is provided for each station. Print additional pages if needed.

Fax Number: 512-834-6714 Email: EMSProviderFRO@dshs.texas.gov

If submitting by U.S. Mail please use appropriate mailing cover sheet, posted at: http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm:

checkbox Add checkbox Remove checkbox New List checkbox Additional Sheets Attached Page 1 of ____

Form with fields: Name of Legal Entity, Assumed Name, Provider License #, Date

Form with fields: Station Title, Number of Vehicles at this location, Street Address, City, County, State, Zip, Telephone #, Fax #

Form with fields: Station Title, Number of Vehicles at this location, Street Address, City, County, State, Zip, Telephone #, Fax #

On behalf of the above named legal entity, I hereby affirm and declare I am authorized to make this Emergency Medical Services Provider application and/or declaration and all information submitted on this form and any supplemental documents are true and correct. I attest and understand the legal entity and I am accountable and responsible for the accuracy of all answers and statements on this form. I attest the legal entity listed on this form meets all requirements for the type of license requested. Further, I understand it is a Class A misdemeanor violation of Texas Penal Code Sec. 37.10 to submit a false statement to a governmental agency. I have read and understand Health and Safety Code Chapter 773 and Texas Administrative Code Title 25, Chapter 157, and agree to adhere to those statutes rules, and all other applicable statutes and rules.

Signature of Administrator of Record

Printed Name of Administrator of Record

Date

Privacy Notification: With a few exceptions, you have the right to request and be informed about information the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023 and 559.004)

EMS Provider Station Location - Continuation Sheet

Station Title:				
Number of Vehicles at this location:				
Street Address:				
City:				
County:		State:	Zip:	
Telephone #:		Fax #:		

Station Title:				
Number of Vehicles at this location:				
Street Address:				
City:				
County:		State:	Zip:	
Telephone #:		Fax #:		

Station Title:				
Number of Vehicles at this location:				
Street Address:				
City:				
County:		State:	Zip:	
Telephone #:		Fax #:		

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Number of Vehicles at this location:				
Street Address:				
City:				
County:		State:	Zip:	
Telephone #:		Fax #:		