



**EMERGENCY MEDICAL SERVICES
 PROVIDER PHYSICAL LOCATION
 CHANGE REQUEST
 REVISED: 09/07/2017**

The Texas Department of State Health Services (DSHS) must approve any relocation of an EMS provider's primary (headquarters) physical location. Submit this form in advance of the planned relocation.

DO NOT RELOCATE WITHOUT WRITTEN APPROVAL FROM DSHS.

If approved, once relocation is complete the EMS Provider must submit a Notification and Change Form to complete an official address change with DSHS.

Submit by fax or email to EMS Certification & Licensing Group.
 Fax: 512-834-6714 Email: EMSProviderFRO@dshs.texas.gov

If sending by U.S. Mail use the coversheet posted at:
<http://www.dshs.texas.gov/emstraumasystems/EMSGenMail.doc>

Provider License Number:		Date:	
Name of Legal Entity:			
Assumed / Operating Name (DBA):			
Contact Name:			
Contact Phone Number:			
Contact Email:			
PHYSICAL ADDRESS RELOCATING FROM:			
Address:			
City, County, State, Zip			
PHYSICAL ADDRESS RELOCATING TO:			
Address:			
City, County, State, Zip			
Date of planned move:			
Reason for change:			

EMS PROVIDER PHYSICAL LOCATION CHANGE REQUEST

Name of Legal Entity: _____

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:	

DSHS USE ONLY

Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date		
Printed Name of DSHS Official:		
Signature of DSHS Official:		

HEALTH & SAFETY CODE SECTION 773.05715 PHYSICAL LOCATION REQUIRED

- (a) An emergency medical services provider must have a permanent physical location as the provider's primary place of business. An applicant for an emergency medical services provider license must demonstrate proof of the location of the primary place of business in the manner required by the department.
- (b) The physical location may be owned or leased by the emergency medical services provider.
- (c) The emergency medical services provider must remain in the same physical location for the period of licensure, unless the department approves a change in location.
- (d) The emergency medical services provider must maintain all patient care records in the physical location that is the provider's primary place of business, unless the department approves an alternate location.
- (e) Only one emergency medical services provider may operate out of a single physical location.