

REASON FOR SUBMITTING APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of information Indicate change:			<p style="text-align: center;">State of Michigan</p> <p style="text-align: center;">LIFE SUPPORT AGENCY LICENSE APPLICATION</p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Medical First Responder Agency: No Fee BLS/LALS/ALS Agency Fee: \$100.00</p> <p style="text-align: center;">LATE FEES APPLY AFTER LICENSE RENEWAL EXPIRATION DATE</p> <p style="text-align: center;">Medical First Responder Late Fee: \$300.00 BLS/LALS/ALS Late Fee: \$300.00 Make check or money order payable to: State of Michigan Fees are non-refundable</p>			RETURN APPLICATION WITH FEES TO: MICHIGAN DEPARTMENT of HEALTH & HUMAN SERVICES EMS SECTION P.O. BOX 30437 LANSING, MI 48909		
LEVEL OF AGENCY : Check only one <input type="checkbox"/> First Responder <input type="checkbox"/> Basic <input type="checkbox"/> Limited Advanced <input type="checkbox"/> Advanced						<p style="text-align: center;">GEOGRAPHIC SERVICE AREA (Your Emergency Calls Only)</p>		
COMPANY NAME			Contact Person's Name:					
STREET ADDRESS						Contact Phone: _____ Contact Fax: _____		
CITY STATE ZIP			Contact E-Mail: _____					
COUNTY		PHONE				<p style="text-align: center;">FOR EMS SECTION USE ONLY</p>		
TYPE OF STAFF: Check only one <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ <p style="text-align: center;">Please Specify</p>			FEDERAL IDENTIFICATION NUMBER					
TYPE OF SERVICE PROVIDED: Check only one <input type="checkbox"/> Ambulance Operation <input type="checkbox"/> Nontransport Prehospital Life Support Operation <input type="checkbox"/> Aircraft Transport Operation (Fixed Wing) <input type="checkbox"/> Air ambulance Life Support Operation (Helicopter) <input type="checkbox"/> Medical First Response Service			STREET ADDRESS					
IS YOUR SERVICE: Check appropriate box(es) <input type="checkbox"/> Fire <input type="checkbox"/> Police Dept. <input type="checkbox"/> Public Safety <input type="checkbox"/> Funeral Home <input type="checkbox"/> Hospital <input type="checkbox"/> Private (For Profit) <input type="checkbox"/> Private (Non Profit) <input type="checkbox"/> Other _____			CITY : STATE: ZIP:					
If the life support agency is operated or advertised with a name(s) different than the company named above, please list name(s):			TELEPHONE NUMBER					
			NAME OF LEGALLY RESPONSIBLE PERSON:					
** My signature attests that, as a life support agency, except aircraft transportation, I shall provide at least 1 life support vehicle for response to requests for emergency assistance on a 24-hours-a-day, 7 days-a-week basis in accordance with its licensure level and medical control authority protocols. Your signature verifies compliance with Section 20921 (1)(a), 20927(1)(a)or 20941(6) of the public health code and Rule 325.22111, Rule 111(4) of the administrative rules. And also compliance with Part 209, Section 20910(1) all life support agencies are required to collect data as necessary to assess the need for and quality of emergency medical services throughout the state.			SIGNATURE OF LEGALLY RESPONSIBLE PERSON:					
			<p style="text-align: center;">MEDICAL CONTROL</p> As Medical Director for _____ Medical Control Authority, I hereby attest that the above named Life Support Agency operates under medical control. (Include separate part 1 forms for each medical control authority in which you operate) Printed name of Medical Director _____ Signature _____ Date _____					
If the life support agency is operated or advertised with a name(s) different than the company named above, please list name(s):			<p style="text-align: center;">FACILITY NUMBER</p>					
If the life support agency is operated or advertised with a name(s) different than the company named above, please list name(s):			<p style="text-align: center;">EXPIRATION DATE</p>					

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

INSTRUCTIONS FOR PART 1 AGENCY LICENSE

AGENCY RENEWAL APPLICATIONS

When submitting your application for license renewal please confirm the following:

- A completed Part 1 (Life Support Agency Application, BHS/EMS-180). Each Part 1 must include the required signature of the legally responsible person within your life support agency and the medical control authority medical director of each medical control authority within your geographic service area.
- A completed Part 2 (Life Support Vehicle Application, BHS/EMS-181) for each vehicle
- A completed Certificate of Insurance form (BHS/EMS-0092) for your agency
- A completed Emergency Medical Personnel Roster, (BHS-EMS 327)
- When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, draw a line through it and enter the correct information either above or next to the preprinted information.

Return all forms, including correct payment (if required) to the address indicated on the front of this application.
(Required fees are listed at the top on front of the application)

Late fees will apply if the renewal packet is not received by the renewal expiration date, including Medical First Responder agencies.

NOTE: Regardless of the number of medical control authorities you are under, you are only required to pay a single agency fee of \$100. Make check or money order payable to “State of Michigan”

NEW, UPGRADE, DOWNGRADE OR OTHER CHANGES TO AGENCY LICENSE:

- A completed Part 1 application is required when changing a geographic service area.
- A completed Part 1 application is required when applying for new, upgrading or downgrading license.
- A completed Part 1 application is required when there is name or ownership change.

Any application packet received by the Michigan Department of Health & Human Services, that is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all applications and correspondence communicated to our office.

The Department of Health & Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.