COLORADO

Health Facilities & Emergency Medical Services Division

Department of Public Health & Environment

Colorado Air Ambulance License Application

All fields must be completed This application is a matter of public record

Application Type: Air Ambulance License #:

Service(s) Provided (check all that apply)		
☐ Fixed Wing	☐ Rotor Wing	☐ Check if your service provides at least one service 24/7
☐ Basic Life Support ☐ Critical Care	☐ Advanced Life Support	
☐ Advanced Life Support ☐ Specialty Care	☐ Critical Care ☐ Specialty Care	

Primary Administrative Contact Information

Entity Legal Name:

Air Ambulance Service Name:

Contact First Name: Contact Last Name:

Contact Phone: Contact Fax: E-mail Address:

Mailing Address: Mailing Address 2:

City: State: Zip Code:

Communications - Please state the types of communication your service utilizes to keep in contact before, during, and after a transport, i.e. Sat-Phone, VHF, UHF, 700-800MHz, and Talk Groups. Please attach documentation to show your service's compliance with FCC part 90 rules (FCC Certification)

Other State Licensure - Please list all other states in which your air ambulance service is licensed to provide air ambulance services

Fees Worksheet - **ALL FEES ARE WAIVED FROM JANUARY 1, 2015 UNTIL July 1, 2017**

~~- $860 application fee and,~~
~~- $100 per aircraft that will transport patients originating in Colorado and~~
~~- $525 if applying for a conditional licensure~~

Are You Applying for a Conditional License? 1

How many Aircraft will transport patients in Colorado under this license?

Base Application Fee:

Conditional License Fee:

Total Aircraft Fee:

~~Total Air Ambulance License Fee:~~

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Attestation

I have completed the application process and all of the information contained herein or submitted in support of the application is accurate and complete.

I acknowledge that falsification of required information may result in denial or revocation of licensure.

Signature of Principal Official _____ **Date** _____

Print Name & Title _____

Application Checklist

- [ ] Submit/Update your Agency Profile online at cemsis.com. If your organization is not set up to use the CEMSIS web portal a User ID and Password can be obtained by calling: (303) 692-2990
- [ ] Attach proof of CAMTS accreditation that shows the date your service is up for accreditation renewal
  - [ ] If requesting conditional licensure please attach documentation which shows your agency is actively working towards CAMTS accreditation
- [ ] Attach a copy of your service's FAA Part 135 Air Carrier Certificate
- [ ] Attach proof of compliance with FCC part 90 rules
- [ ] Attach proof of liability insurance which displays the tail numbers of each aircraft to be licensed to transport patients originating in Colorado
- [ ] ~~Enclose a check for the amount shown in red in the Fees Worksheet section of the first page. Please remember to include the $860 base application fee + $100 per aircraft that transport patients originating in Colorado, and an additional $525 if applying for conditional licensure~~
- [ ] Print the application, Sign the attestation on this page, and Mail with all required attachments to:

Colorado Department of Public Health & Environment
HFEMSD - EMT Certification
4300 Cherry Creek Dr. South, C-1
Denver, CO 80246