



County of Santa Cruz

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(831) 454-4066 FAX: (831) 454-4770

HEALTH SERVICES AGENCY
ADMINISTRATION

May 15, 2001

Agenda: June 11, 2002

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

**RE: RENEWAL OF AMBULANCE OPERATOR'S LICENSE FOR AMERICAN
MEDICAL RESPONSE WEST (AMRW)**

Dear Members of the Board:

County Code Chapter 5.34 requires that every ambulance company transporting patients in the unincorporated area of the County be licensed by the County to conduct business. The ordinance requires that, as licensing officer, the County Administrative Officer must:

1. "within sixty days after receipt of an application for an ambulance operator's license as provided for in this chapter, cause such investigation as he deems necessary to be made of the applicant and of his proposed operations."
2. "verify that the vehicles, equipment and premises designated in each application hereunder are in compliance with state standards."
3. "submit his findings and recommend to the Board of Supervisors either the approval or rejection of the application."


In compliance with this ordinance, American Medical Response West (AMRW) has submitted a license application for 2002/03 which has been reviewed by the Health Services Agency. The application is on file with the Clerk of the Board.

In summary, the applicant continues to be a responsible and proper person to conduct business or work in the proposed business, and the public convenience and need will be served by the license renewal. Each ambulance, its required equipment, and the premises designated in the application comply with State standards and only licensed and certified drivers-attendants are employed in such capacities. All the requirements of the County Code and all other applicable laws and ordinances have been met.

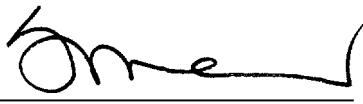
It is, therefore, RECOMMENDED that your Board:

- Direct the County Administrative Officer to issue an ambulance operator's license to American Medical Response West for 2002/03.

Sincerely,


Rama Khalsa, Ph.D.
Health Services Administrator

RECOMMENDED:


Susan A. Mauriello
County Administrative Officer

Attachments

cc: County Administrative Office
County Counsel
Auditor-Controller
Health Services Administration
Emergency Medical Services Program
Emergency Medical Care Commission
American Medical Response West

**SANTA CRUZ COUNTY
APPLICATION FOR AMBULANCE OPERATOR'S LICENSE**

I. APPLICANT INFORMATION:

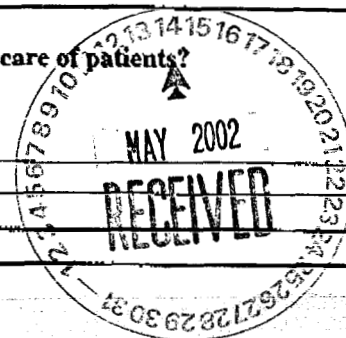
Legal owner(s) AMR WEST
 Address 2821 S. PARKER ROAD
AURORA, CO. 80014
 Telephone (303) 614-8749

II. BUSINESS INFORMATION:

AMERICAN MEDICAL RESPONSE
 Address 116 HUBBARD STREET
SANTA CRUZ, CA 95060
 Telephone (831) 423-7030

III. Does the applicant have any special training or experience in the transportation and care of patients? Explain. (This section for initial licensing only).

N/A (RENEWAL)

**IV. VEHICLES DESCRIPTION:**

SEE ATTACHED VEHICLE LIST

Make, year model	Motor & Chassis Number	Year put in use	State License Number	Insignia, name, Special lettering, Monogram, or other Characteristics - Color scheme

(USE REVERSE SIDE FOR ADDITIONAL SPACE IF NECESSARY).

V. Location and description of places from which vehicles are operated.

SEE ATTACHED STATIONS LIST

(COMPLETE THE ATTACHED REPORT OF AMBULANCE PERSONNEL).

VI. Does owner have insurance coverage equal to or in excess of that stipulated in Section 9.06.050 of the County code? (YES) X (NO) (ATTACH CERTIFICATE OF INSURANCE, ISSUED BY INSURER, TO THIS APPLICATION).**VII. Date of last State Inspection by California Highway Patrol 3/20/02
Name of California Highway patrol inspecting officer BONFILIO
(ATTACH COPY OF INSPECTION REPORT).**

DATE:

4/15/02

SIGNATURE OF APPLICANT: [Signature]
 TITLE: OPERATIONS MANAGER

81

**American Medical Response
Santa Cruz Division
Vehicle List**

Year	Make	Model	VIN Number	Fender Number	Year in Service	License Number	Expiration
2000	Ford	Ambulance	1FDSS34F7YHB63109	00-109	2000	6H17643	Aug-02
1995	Ford	Ambulance	1FDJS34F9SH81921	301	1995	5B92532	Apr-03
1995	Ford	Ambulance	1FDJS64F7SHA81917	302	1995	5B92579	May-03
2001	Ford	Ambulance	1FDSS34F41HA43192	01-192	2001	6M18964	Mar-03
1997	Ford	Ambulance	1FDJS34FXVHA75291	97-291	1997	5R98540	Jan-03
2001	Ford	Ambulance	1FDSS34FX1HB00348	01-348	2001	6P21032	Aug-02
1999	Ford	Ambulance	1FDSS34F5XHA71494	99-494	1999	5Y85767	Jun-02
1996	Ford	Ambulance	1FDJS34F2THA82846	96-846	1996	5G31483	Jun-02
1996	Ford	Ambulance	1FDJE34FXTHA70895	96-895	1996	5G31292	Jun-02
	Note:	All units are lettered per County of Santa Cruz ordinance.					
		All units are white with red belts					



Santa Cruz County Operations

Station Locations

Main Office Station

116 Hubbard Street
Santa Cruz, California 95060
(831) 429-8383
(831) 426-5523 - fax

Mid-County Station


3914 The Alameda
Capitola, California 95010
(831) 476-5850
(831) 476-4745 - fax

Valley Station

9500 Central Avenue
Ben Lomand, California 95005
(831) 336-8518
(831) 336-0146 - fax

South County Station

55 Penny Lane, Suite 102
Watsonville, California 95076
(831) 724-2456
(831) 728-8739 - fax

Payee: SANTA CRUZ/COUNTY OF EMERGENCY MED SVCS 136479		Check Number 0001052724		Check Date 5/8/2002	
Invoice Number	Invoice Date	Remarks	Net Amount	Discount	Extended Amount
1364797040902	4/9/2002	~369453 	900.00		900.00

DOCUMENT HAS A COLORED BACKGROUND. A WATERMARK IS VISIBLE WITHIN THE PAPER.



AMERICAN MEDICAL RESPONSE

American Medical Response
Accounts Payable Services
2821 South Parker Road, 9th Floor
Aurora CO 80014
(888) 339-0911

The First National Bank of Chicago
Chicago, IL 60661

70-2322/719

DATE

5/8/2002

CHECK NO

0001052724

PAY NINE HUNDRED AND 00/100*****

AMOUNT

\$*****900.00

TO THE
ORDER
OF

SANTA CRUZ/COUNTY OF EMERGENCY MED SVCS
1080 EMELINE BLDG D
SANTA CRUZ CA 95060

VOID AFTER 90 DAYS

81

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