

Ambulance and Stretcher Van Agency Renewal / Survey Form

A transport agency license is surveyed, renewed, or denied for renewal are subject to following regulations:

Ground Ambulance [OAC 310:641-3-12 and 3-13.1]

Air Ambulance [OAC 310:641-13-4 and 13-6]

Specialty Care (Air and Ground) [OAC 310:641-11-4 and 11-6]

Stretcher Van [OAC 310:641-17-4 and 17-6]

Service Name: _____ **License No.:** _____

Select one (Option 1 or Option 2):

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Option 1:

Your agency license expiration date is **June 30, 2026**.

Your completed application must include:

1. Completed Renewal/Survey Form.
2. Renewal Fee:
\$100 + (___# of Substations X \$50) +
(___# of vehicles in excess of two X \$20).
3. Insurance verification of:
 - Current Vehicle Liability Insurance.
 - General (Professional) Liability Insurance.
 - Workers Compensation Insurance.

4. Mail all required forms and fees to:
Financial Management-Emergency Systems
Oklahoma State Department of Health
PO Box 268823
Oklahoma City, OK 73126-8823

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Option 2

Your Agency License expiration date is **June 30, 2027**.

Your completed application must include:

1. Completed Renewal/Survey Form
2. Insurance verification of
 - Current Vehicle Liability Insurance.
 - General (Professional) Liability Insurance.
 - Workers Compensation Insurance.

3. Completed forms may be
 - Emailed to Esystems@health.ok.gov; or
 - Faxed to 405-900-7560; or
 - Mailed to:
Emergency Systems
Oklahoma State Department of Health
123 Robert S. Kerr Avenue, Suite 1702
Oklahoma City, OK 73102-640.

General Information:

Mailing Address: _____

Physical Address: _____

Record Retention Address: _____

Agency Phone: _____ Emergency Phone: _____

Office Hours: _____

The agency business hours are the hours someone is available to:

1. Receive business calls other than emergency requests for service;
2. Meet members of the public; and/or
3. Meet a representative from the Department for inspections.

Contact Information:

Director: _____ Email: _____ Phone: _____

Contact Person: _____ Email: _____ Phone: _____

Training Officer: _____ Email: _____ Phone: _____

Medical Director: _____ Email: _____ Phone: _____

Vehicles:

Total Number of OSDH Permitted Vehicles = _____

Complete the information below or provide the information separately.

Ground Unit Number	Vehicle Identification Number (VIN)	Aircraft Tail Number	Serial Number

Substations:

Number of Substations: _____

Complete the information below or provide the information separately.

Substation Name	Address	City	State	Zip

Note: OSDH–Emergency Systems may request additional information not included on this form, as needed.

I hereby certify that all information on this form is complete, true, and correct to the best of my knowledge.

Signature

Date

Print Name

Title

For further information:
Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
Telephone: 405-426-8480
Fax: 405-900-7560
Email: ESystems@health.ok.gov