MAEMSA
MEDICAL AGENCY
PERMIT APPLICATION

Name of Legal Entity applying for permit	
Entity Assumed Name, if applicable	
Entity Address	
Entity Phone Number	
Entity Website Address	
Entity Ownership Type (Government / Sole Proprietorship / Partnership / Corporation / Limited Liability Company / Limited Partnership / Limited Liability Partnership)	
Texas DSHS Providers License Number	
Texas DSHS Providers License expiration date	
Medical Director's Name	
Medical Director's Contact Information (Phone / Email)	
Number of Texas DSHS certified providers for each level: (ECA / EMT-B / EMT-P / RN / LVN)	
Name of the Administrator of record for the licensed Entity	

Number of authorized vehicles and level of certification	BLS	ALS	ROTOR WING	FIXED WING	BLS WITH MICU	ALS WITH MICU	MICU

Number of Station Locations	
Station Locations: (Provide Address and phone number for each location)	
Number of units at each Station	
EMS Personnel Status: (Paid / Volunteer/Mixed)	
Service Area	

Email: PERMITS@MEDSTAR911.ORG

Mailing: **The Metropolitan Area EMS Authority**
Attention: Compliance Officer
Fort Worth, Texas 76116
Phone: (817) 923-3700 Extension: 226

I submit this application on behalf of the above named legal entity, to the Metropolitan Area EMS Authority DBA: MedStar Mobile Healthcare. I hereby affirm and declare that all information submitted on this form and attached supplemental documents are true and correct. It is understood that any false information given or misrepresentation made in this application or other requested documents may result in revocation or denial of permitting. I have read, understand, and agree to abide by Chapter 773 of the Texas Health and Safety Code and Title 25 of the Texas Administrative Code, Chapter 157 and Title 22 of the Texas Health and safety Code, Chapter 197.

Name of Submitter: _____

Signature of Submitter: _____ Date: _____