





# Ambulance Franchise Application - Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third Street, Wichita Falls, TX 76301 | Phone (940)761-7820 | Fax (940)761-7645

Ambulance Attendants <i>(attach additional sheet if necessary)</i>		
Name	Driver's License Number	Address

*Attach a photocopy of current Driver's License for each ambulance driver*  
*Attach a photocopy of state licenses for EMT-B, EMT-I, EMT-P, or any other State of Texas approved certifications*

Fees
<p><b>\$541 Ambulance Franchise Applicant Fee</b></p> <p><b>\$108 Ambulance Permit x _____ Number of Ambulances</b></p>
<p><i>No City Permit shall be transferred or assigned from any person or company to another</i></p>

Total Permit Fees
<p><b>\$</b></p>

I certify that the information submitted on this and any attached forms is true and correct. I further certify that I will comply with all applicable provisions of the Wichita Falls Code of Ordinances and laws of the State of Texas.

_____ Signature of Owner, Partner, Officer or Authorized Agent	_____ Printed Name of Owner, Partner, Officer or Authorized Agent
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_____ Title	_____ Date
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