



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 (attach additional sheet if necessary)

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

\$541 Ambulance Franchise Applicant Fee

\$108 Ambulance Permit x _____ Number of Ambulances

No City Permit shall be transferred or assigned from any person or company to another

Total Permit Fees

\$

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

Title

Date