



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
665 MAINSTREAM DRIVE, 2<sup>ND</sup> FLOOR  
NASHVILLE, TN 37243  
TELEPHONE: (615) 741-2584  
FAX: (615) 741-4217

**INITIAL AIR AMBULANCE SERVICE LICENSE  
APPLICATION**

Name of Service: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Physical Address of Principal Place of Business if different from above:

Street

City

State

Zip

Office Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Director (if different from Owner): \_\_\_\_\_

**FOR MULTIPLE STATIONS PLEASE COMPLETE THE ENCLOSED FORM TITLED: New Air Service-  
Additional Station Locations.**

Describe principal nature of ambulance operations: \_\_\_\_\_

**OWNERSHIP TYPE:**     For-Profit     Non-Profit

Single Proprietor

Local Government

Limited Partnership

State Government

Association

Other (Specify) \_\_\_\_\_

Corporation





The applicant hereby certifies that they have read and prepared this application and understands the contents thereof; that the statements are true and correct, and that the applicant has obtained and reviewed copies of the Statutes and Rules regulating the provision of Emergency Medical and Ambulance Services in the State of Tennessee.

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Applicant's Signature

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Date

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Print Name

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Title or Position



TENNESSEE DEPARTMENT OF HEALTH  
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**NEW AIR AMBULANCE SERVICE  
ADDITIONAL STATION LOCATIONS**

	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Telephone Number</b>
1.				( )
2.				( )
3.				( )
4.				( )
5.				( )
6.				( )
7.				( )
8.				( )
9.				( )
10.				( )
11.				( )
12.				( )
13.				( )
14.				( )
15.				( )



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**NEW AIR AMBULANCE SERVICE  
INITIAL EMERGENCY MEDICAL PERSONNEL AND AIR CREWMEN OPERATORS LISTING**

	<b>Name</b>	<b>Date of Birth</b>	<b>Driver License Number</b>	<b>State</b>	<b>Driver's License Endorsement(s)</b>	<b>TN EMS Personnel License Number</b>	<b>TN EMS Personnel License Level</b>	<b>TN EMS Personnel License Expiration Date</b>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
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10.								
11.								
12.								
13.								
14.								
15.								



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**NEW AIR AMBULANCE SERVICE  
AIRCRAFT INFORMATION**

	<b>Tail Number</b>	<b>Manufacturer</b>	<b>Year</b>	<b>Model</b>	<b>Type</b>	<b>Use</b>
1.						
2.						
3.						
4.						
5.						
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