



CITY OF FAIRBANKS

(DATE STAMP)
Revised November 2024

PRIVATE AMBULANCE SERVICE (PAS) LICENSE APPLICATION

Fairbanks Fire Department
1101 Cushman Street, Fairbanks, AK 99701
(907) 450-6600 | fire@fairbanks.us

APPLICATION TYPE: ☐ NEW (Business Plan must be attached)
☐ RENEWAL

APPLICATION DATE: _____

TYPE OF LICENSE REQUESTED (check only one): ☐ TYPE 1 ☐ TYPE 2 ☐ TYPE 3

Business Name:		
Business Owner:		
Business Mailing Address:		
City: _____, Alaska		Zip Code: _____
Business Physical Address:		
City: _____, Alaska		Zip Code: _____
Phone: _____	Contact Name: _____	Contact Email: _____

Application Requirements

✓ License Fee:	Type 1	Type 2	Type 3
Initial License Fee	\$2,000	\$2,000	\$1,300
Annual Renewal Fee	\$1,500	\$1,500	\$800

✓ Required attachments listed on page 2 of this application

✓ Complete and signed application

All required documents must be submitted with the signed application. The Fire Chief will reject incomplete applications.
The City of Fairbanks charges a convenience fee up to 3.6% on credit and debit card transactions not related to garbage collection.

EMS Medical Director Information

Name:		
Mailing Address:		
City: _____	State: _____	Zip Code: _____
Phone: _____	Contact Email: _____	

Required Attachments

If any of the attachments listed below are not included, the applicant must provide a reason for the exclusion.

<input type="checkbox"/>	BUSINESS PLAN: A copy of the business plan (for initial applications only)
<input type="checkbox"/>	VEHICLES: A listing of the vehicles operated as ambulances under the license, including registration number, VIN, year, make, and model. Also included must be proof that the vehicle is in good repair (body and mechanics) and proof that the applicant is lawfully entitled to use each vehicle for the purpose of an ambulance service.
<input type="checkbox"/>	EQUIPMENT: Proof that the applicant has acquired and installed the equipment required by FGC Sec. 26-104 for each ambulance to be operated under the license.
<input type="checkbox"/>	COLOR SCHEME: A complete description of the ambulance markings and color scheme to be used in compliance with FGC Sec. 26-103.
<input type="checkbox"/>	DRIVER SAFETY PROGRAM: Proof that an ambulance vehicle operator has successfully completed a recognized emergency vehicle driver's safety program approved by the City Fire Chief.
<input type="checkbox"/>	VEHICLE STANDARDS: Proof that any ambulance purchased after July 27, 2021 (or any ambulance remounts completed after that date) are certified as meeting at least one of the following standards for ambulance design: <ul style="list-style-type: none"> the most recent published version of US DOT Federal Specification for Star-of-Life Ambulances (KKK-A-1822); the Commission on Accreditation of Ambulance Services Ground Vehicle Standard v 3.0 (CAAS-GVS); or the National Fire Protection Association Standard for Automotive Ambulances (NFPA 1917)
<input type="checkbox"/>	AVAILABILITY: Proof that the personnel required to operate the ambulance service are available as of the effective date of the license.
<input type="checkbox"/>	TRAINING & CERTIFICATION: Attestation by the EMS director that PAS personnel have, and will continue to receive, the necessary training and certification (if applicable) to know how to use the current standing orders published by the Interior Region Emergency Medical Services Council, Inc. (IREMSC) and will operate within the scope of and according to current IREMSC standing orders.
<input type="checkbox"/>	INSURANCE: Proof of insurance for all vehicles to be operated as ambulances under the license as required by FGC Sec. 26-98.
<input type="checkbox"/>	SOA EMS REGISTRATION: Proof of current registration with the State of Alaska as an emergency medical service ground ambulance service.
<input type="checkbox"/>	LICENSE INTEREST: A complete list of the name, address, email address, and telephone number for every person who will have a financial or proprietary interest in the license and proof that each is at least 18 years of age.
<input type="checkbox"/>	CERTIFICATION BY CITY CFO: Certification by the City CFO that the applicant is not delinquent on any City taxes or fees and has no outstanding judgements or debts owed to the City or Fairbanks North Star Borough.

Applicant's Statement for Private Ambulance Service License

I certify that I am the owner/officer of the business listed in this application and that the information provided is true and complete to the best of my knowledge and belief. I understand that any materially false statement on this application may cause the revocation or denial of my company's license. I certify that I have read and fully understand Fairbanks General Code Sec. 26-90 through Sec. 26-112 and will comply with the requirements and responsibilities therein.

Printed Name of Company Owner/Officer

Signature

The applicable Fairbanks General Code (FGC) is attached to this application as a courtesy, but it is distinct responsibility of the applicant to understand the requirements and remain in compliance. By signing the above oath, the signer acknowledges having read the applicable FGC and certifies that they understand it. Questions regarding license holder responsibilities should be asked prior to issuance of this license.

Please make all necessary copies for your records before submission of your application to the Clerk's Office. There will be a per page charge for any copying requested in accordance with FGC 2-775. Thank you in advance for your cooperation.

Administrative Use Only

Approved By:	Date:
Denied By:	Date:
Reason for Denial:	

For additional information and/or forms, please visit the City of Fairbanks web site at: www.fairbanksalaska.us