City of Tomball Non-Emergency Transfer Ambulance Form

Company Name:						DSHS License #:	
Unit #	Vehicle Identification Number	<b>Type</b> I, II, III	License Tag Number	<b>Make</b> (Ford, Chevy)	Yea	ar of chassis anufacture	*Category
* BLS, BLS/A, BLS/M, ALS, ALS/M, MICU, MICU, SPEC (Specialized)							

I, \_\_\_\_\_\_, submit this application on behalf of the above named legal entity, to the City of Tomball Texas. 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 permit. 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.

Signature of Administrator:

Date: \_\_\_\_\_