~~RTICLE IV. LICENSES: GROUND AMBULANCE~~

~~Section 402 Ground Ambulance License~~

I. AUTHORITY
County of Orange Ambulance Ordinance No. 3517

I. No ambulance service ~~operator~~provider shall allow an ambulance to be used to transport patients until after the vehicle has been issued a vehicle license by the Medical Director or designee.

II. A vehicle license is valid from the date of issue until December 31 of the same calendar year.

III. The vehicle license shall be renewed as part of the renewal process for ambulance service license.

IV. ~~A~~No vehicle license may be transferred ~~when~~. When, during the term of the license, the ambulance service operator permanently removes a licensed vehicle from service, they shall notify the agency and ~~replaces it with a different~~return the vehicle~~. To transfer a~~ decal and vehicle license, ~~the ambulance service operator shall:~~upon request.

~~A. Submit a written request to the Department. This request shall include:~~

~~1. A statement requesting transfer of the license from one vehicle to another.~~

~~2. Identification of the currently licensed vehicle by window decal number issued by the County of Orange and the vehicle identification number.~~

~~3. Identification of the vehicle to receive the license.~~

~~B. Upon receipt of the license transfer request, the Department shall arrange for inspection of the vehicle to receive the license.~~

~~C. The licenses shall be transferred after:~~

~~1. The current County of Orange issued license and window decal are returned to the Department, and~~

~~2. The vehicle to be licensed has passed inspections by:~~

~~a. California Highway Patrol.~~

~~b. Orange County Communications.~~

~~c. The Department.~~

~~D. There is no fee charged for the transfer of a vehicle license. All fees previously paid are transferred with the vehicle license.~~

V. Vehicle substitution:

A. All substitute vehicles shall be designated by the permittee or operator in advance of use, and OCEMS notified.

B. Designated substitute vehicles shall be inspected by OCEMS staff prior to initial use and on an annual basis thereafter.

C. Vehicle information shall include the make, model, year, unit number, license plate number and VIN number, (Vehicle Identification Number).

D. The substitute vehicle(s) shall be insured or bonded with a policy of automobile liability insurance that meets Orange County Ambulance Ordinance 3517 requirements.

~~E.~~A. Each vehicle shall be properly identified with the name and/or trademark of the person under whose authority the vehicle is being operated. The identification shall be in sharp contrast to the background and shall be of a size, shape, and color that meets the Ambulance Rules and Regulations and ~~Section 27900 of~~ the California Vehicle Code (CVC).

~~F.~~B. Permittees and operators shall notify OCEMS of substitutions prior to the vehicles being placed into service by telephone, electronic or facsimile transmission. This communication should provide identification of the vehicle(s) taken out of service and the vehicles(s) being substituted, and the expected duration of the substitution period. No unauthorized vehicle shall be used as a substitute vehicle ~~(see attachments 1 and 2).~~

~~G.~~C. A list of all substitute vehicles will be maintained OCEMS, and only vehicles appearing on this list and meeting all county requirements for the type of vehicle being used will be authorized for substitution.

~~**NOTE:** Authority Cited for Section 402: Section 4-9-14(a) and 4-9-14(c).~~

SUBSTITUTION AMBULANCE VEHICLE APPLICATION FORM

Date: _____

Company: _____

Company Representative: _____

Representative's Signature: _____

Phone No: _____ Fax No: _____

Date and Time of Substitution	Substitution Vehicle(s) Cal. Lic/Unit No.	Vehicles(s) Being Replaced Cal. Lic./Unit No.	Duration Of Substitution

County of Orange County/Health Care Agency
Emergency Medical Services Agency
405 West 5th Street, Suite 301-A
Santa Ana, CA 92702
Phone number (714) 834-3500
Fax number (714) 834-3125

~~PERMITTED AMBULANCE VEHICLE RETURN TO SERVICE NOTICE~~

~~Date:~~ _____

~~Company:~~ _____

~~Company. Representative:~~ _____

~~Representative's Signature:~~ _____

~~Phone No:~~ _____ ~~Fax No:~~ _____

~~Permitted Vehicle(s) Returned to Service~~	~~Date and Time Returned to Service~~	~~Substitution Vehicles(s) Out Of Service Cal. Lic/Unit No.~~

~~County of Orange/Health Care Agency~~
~~Emergency Medical Services~~
~~405 West 5th Street, Suite 301A~~
~~Santa Ana, CA 92702~~
~~Phone number (714) 834-3500~~
~~Fax number (714) 834-3125~~