



**County of Humboldt
Eureka, California
Ambulance Service Permit Application**

Pursuant to Humboldt County Code, Title V, Division 5
Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	4/27/23
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Applicants – Please completely fill out this section and provide all requested information/verifications:

Level of Service: Basic Life Support Advanced Life Support
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	City Ambulance of Eureka, Inc		
Name of Contact Person:	Katie Baza		
Mailing Address:	135 W 7 th St	City/Zip Code	95501
Physical Address:	Same	City	Eureka
Telephone/Fax Numbers	707-445-4907	E-Mail	katelyn.baza@gmr.net



**County of Humboldt
Eureka, California**

Owner Name	California Corporation – City Ambulance of Eureka, Inc				
Address	135 W 7 th St	City/Zip Code	Eureka, CA 95501		
Phone Number	707-445-4907	Fax Number	707-442-5903	E-Mail	Jaison.chand@gmr.net



**County of Humboldt
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VEHICLES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1.	2013	Ford E350	1FDSSSES4DDB32171	43292N1	10 years 294317		White/Orange
2.	2014	Ford E350	1FDSS3EL3EDB14383	75923F2	9 years 242252		White/Orange
3.	2014	Ford E350	1FDSS3EL0EDB14423	60385X1	9 years 282733		White/Orange
4.	2016	Ford Transit	1FDYR2CMXGKB55944	57538B2	7 years 274782		White/Orange
5.	2017	Ford Transit	1FDYR2CM3HKA31676	73470F2	6 years 247376		White/Orange



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	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.	2018	Ford Transit	1FDYR2CM3JKA24622	27561L2	5 years 275184		White/Orange
7.	2018	Ford Transit	1FDYR2CM3JKB09010	11511P2	5 years 198767		White/Orange
8.	2018	Ford Transit	1FDYR2CM9JKB15538	10036S2	5 years 190492		White/Orange
9.	2018	Ford Transit	1FDYR2CM4JKB22400	64762S2	5 years 159035		White/Orange
10.	2012	Chevy Type 3	1GB3G2CLXC1105786	24952Z2	11 years 223691		White/Orange
11.	2014	Ford Type 3	1FDWE3FS7EDA78793	28608H2	9 years 279430		White/Orange



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12.	2014	Ford Type 3	1FDWE3FS2EDA81049	33688K3	9 years 249387		White/Orange
13.	2018	Ford Type 3	1FDWE3FS7BDB20875	91925G2	5 years 256984		White/Orange
14.	2011	Ford Type 3	1FDWE3FS3BDB22171	38133K3	12 years 280524		White/Orange
15.	2021	Ford Transit	1FDBR2CG5MKA79965	28579J3	2 years 44867		White/Orange
16.	2023	Ford Transit	1FDBR2CG7NKA53059	61884N3	6 months 2415		White/Orange



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- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
 - Applicant's quality management practices and policy;
 - Staffing and hiring policies;
 - Organizational chart of management staff;
 - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
 - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



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SERVICE AREA:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila)	Pacific Ocean	
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila)	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	



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Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 4 South – Fortuna Sub-Zone	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
Zone 4 South – Garberville Sub-Zone	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	

AMBULANCE SERVICE RATES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached



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INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.

- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
 1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
 2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
 3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against



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COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt
Attention: Risk Management
825 5th Street, Room 131
Eureka, CA 95501

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:

- a. Includes contractual liability.
- b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
- c. Is primary insurance as regards to County of Humboldt.
- d. Does not contain a pro-rata, excess only, and/or escape clause.
- e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITIONAL INFORMATION:

Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.

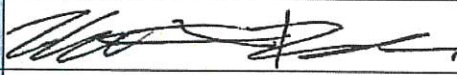


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(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached

I, hereby attest that, City Ambulance of Eureka, Inc. (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.

Signature of Applicant:	
Printed Name and Title	Katie Baza, Operations Supervisor
Date:	4.26.23

Required Paperwork Checklist

Application complete



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- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee

Vehicle Maintenance

Routine maintenance is performed at regularly scheduled intervals to ensure optimal safety, performance, efficiency, and reliability of assigned vehicles. Preventive maintenance is performed by the fleet mechanic, who will document any repairs and ensure all repairs are done before returning the vehicle to service.

Pre-Trip Inspections

Specific procedures are outlined in policy and monitored to ensure that all ambulances are inspected daily, prior to the vehicle being put into service. Ambulance crews use the unit specified by the rotation schedule. The ambulance's mechanical functions are inspected by a crew member according to the daily checklist, making note of any discrepancies. Any minor repairs that can safely be done by a crew member are done during checkout. Repairs requiring special equipment or expertise are recorded on a Vehicle Needs Attention form or a Vehicle Out of Service form.

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

Radio Operation Guide

Employees are responsible for knowing all of the information contained on this page except the frequencies and PL tones for each channel

UHF Radios and Frequencies

Frequencies

CH	Name	Repeater	RX	IX	PL Tone	Paging	Locations	When to Use
1	Pierce Mt. (RMH)	Yes	463.000	468.000	127.3		McKinleyville to Weott	Patient Care Reports to RMH
2	Pratt Mt (Phelps)	Yes	463.025	468.025	127.3		Weott to Piercy	Patient Care Reports to Phelps
3	Rogers Mt. (MRCH)	Yes	463.050	468.050	103.5		Big Lagoon north to just beyond the county line	
4	Horse Mt. (MRCH)	Yes	463.025	468.025	103.5		Arcata at HSU east on 299 to Lord Ellis and again at Berry Summit	
5	RMH Local Back-Up	No	463.100	463.100	203.5		Local Back-up for RMH	*See Below
6	MRCH local	No	463.125	468.125			Local area around MRCH and RMH	Not in use for this area
7	St. Joseph	No	463.150	468.500	127.3		Immediate Eureka Area north to Indianola and south to Humboldt Hill	Patient Care Reports to St. Joseph
8	Med Net 8	No	463.175	468.175			Not in use for this area	Not in use for this area
9	Garberville Dispatch	Yes	460.525	465.525	110.9	621	Weott to Piercy	Garberville Dispatch Channel
10	Eureka Dispatch	No	462.975	462.975	85.4		Immediate Eureka Area north to Indianola and south to Humboldt Hill	*** Eureka Dispatch Channel
11	Fortuna Dispatch	Yes	462.950	467.950	85.4	621	McKinleyville to Weott	***Fortuna Dispatch Channel
12	Car to Car	No	462.950	462.950			Up to approx. 3 miles between units depending on terrain	Talk between ambulances
13	MCI Pierce	Yes	460.350	465.350	203.5		McKinleyville to Weott	MCI or disaster in this area
14	MCI Pratt	Yes	460.525	465.525	203.5		Weott to Piercy	MCI or disaster in this area
15	MCI Horse	Yes	460.425	465.525	203.5		Arcata at HSU east on 299 to Lord Ellis and again at Berry Summit	MCI or disaster in this area
16	MCI Rogers	Yes	460.225	465.225	203.5		Big Lagoon north to just beyond the county line	MCI or disaster in this area

* Horse Mountain Repeater is for used for contacting MRCH when out of range for local Med 6 and for contacting dispatch when out of range of local dispatch channels

** Med Net 6 is the regular channel for MRCH when in the local area. It is also the back up frequency for RMH on repeater failure.

*** CAE units north of Indianola and south of Humboldt Hill will switch to Fortuna Dispatch Channel for backup contact with Eureka Med Comm

Notes

The California Med Net system is used through out the state. All frequencies are identified universally as Med Channel "_____". Our first ten channels correspond directly to the channels in the California Med Net System. The exceptions are:

Med Channel 4- Since we have two repeaters on the same frequency in our area (Horse and Pratt), Channel 4 was replaced by Horse with a different PL tone
Channels 6, 7 and 10 have been converted to simplex so that ambulances and dispatch can hear all radio traffic in both directions.

Channels monitored by hospitals and communications centers.

Normally Monitored

Channel	Also Capable of Monitoring Upon Request
CALFIRE	1, 2 and 13
Eureka Med Comm	1, 2, 4 and 7
Phelps	14
RMH	1, 2, 6, and 13
St. Joseph	7 and 13
MRCH	4, 6 and 13

Some of their channel numbers may not correspond to ours. (Ex. Our channel 6 is channel 3 on RMH's radio)

Legend

RMH	Redwood Memorial Hospital
MRCH	Mad River Community Hospital
CDF	California Department of Forestry communications center
Simplex	For non-repeater frequencies. Transmit frequency is the same as the receive frequency
PL Tone	An encoding within a frequency that only a radio or repeater with that decoder will receive the transmission

Radio Operation Guide

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VHF

CH	Name	Repeater	RX	IX	RX PL TONE	TX PL TONE	Locations	When to Use
BANK 1 - Ambulance								
1	CA EUREKA D	Yes	153.110000	159.705000	None	None	McKinleyville to King Salmon	City Ambulance Digital Dispatch Channel
2	CA PIERCE D	Yes	153.937500	159.517500	None	None	Orick to Weott (Excluding Arcata/Eureka)	City Ambulance Digital Dispatch Channel
3	CA PRATT D	Yes	152.277500	157.537500	None	None	Weott to Laytonville	City Ambulance Digital Dispatch Channel
4	ARCATA AMB	Yes	152.405000	157.665000	151.4	151.4	Indianola to Orick Area	Arcata Ambulance Dispatch Channel
5	OLD ARCATA AMB	No	155.175000	155.175000	None	None	Indianola to Orick Area	Backup Arcata Ambulance Channel

BANK 2-HCFN

9	FN1 PRATT	Yes	154.070000	159.000000	110.9	110.9	Weott to Piercy	Coordinate with Humboldt County Fire Depts
10	FN2 PIERCE	Yes	154.070000	159.000000	110.9	123.0	Fields Landing to Weott	Coordinate with Humboldt County Fire Depts
11	FN3 HORSE	Yes	154.070000	159.000000	110.9	131.8	Highway 299 East of Blue Laker***Ferndale South of Main St***	Coordinate with Humboldt County Fire Depts
12	FN4 TRIN	Yes	154.070000	159.000000	110.9	136.5	Highway 101 North of McKinleyville	Coordinate with Humboldt County Fire Depts
13	FN5 BL	Yes	154.070000	159.000000	110.9	146.2	Highway 299 East of Arcata	Coordinate with Humboldt County Fire Depts
14	FN6 ORL	Yes	154.070000	159.000000	110.9	166.7	Highway 96 North of Hoopa	Coordinate with Humboldt County Fire Depts
15	FN7 PET	Yes	154.070000	159.000000	110.9	167.9	West of Monument Ridge	Coordinate with Humboldt County Fire Depts
16	FN8 SC	Yes	154.070000	159.000000	110.9	103.5	West of Kings Peak	Coordinate with Humboldt County Fire Depts
17	FN9 PT1	Yes	154.070000	159.000000	110.9	100.0	Portable Repeater for Large Incident	Coordinate with Humboldt County Fire Depts
18	FN10 PT2	Yes	154.070000	159.000000	110.9	107.2	Portable Repeater for Large Incident	Coordinate with Humboldt County Fire Depts

BANK 3-HUJ LOCAL

19	HUU 10	Yes	151.250000	158.405000	110.9	107.2	Miranda to Piercy	Coordinate with CALFIRE
20	HUU 11	Yes	151.250000	158.405000	110.9	114.8	Miranda to Redcrest	Coordinate with CALFIRE
21	HUU 12	Yes	151.250000	158.405000	110.9	127.3	Redcrest to Tompkins Hill	Coordinate with CALFIRE
22	HUU 13	Yes	151.250000	158.405000	110.9	141.3	Tompkins Hill to Trinidad	Coordinate with CALFIRE
23	HUU 14	Yes	151.250000	158.405000	110.9	151.4	Trinidad to Klamath	Coordinate with CALFIRE

BANK -FIRE NORTH

29	HF1 G1	Yes	154.370000	158.820000	141.3	141.3	Immediate Area of Eureka	Coordinate with HBFD Command
30	HF1 C4	Yes	159.950000	159.045000	100.0	100.0	Immediate Area of Eureka	Coordinate with HBFD Command
35	Arcata Fire Department	Yes	154.130000	158.940000	192.8	192.8	Immediate First Responder Area	Coord with Arcat Fire Department Command
36	Arcata Fire TAC1	No	151.122500	151.122500	192.8	192.8	Immediate Area of Incident	Coord with AFD IC
37	Arcata Fire TAC2	No	154.747500	154.747500	192.8	192.8	Immediate Area of Incident	Coord with AFD IC

BANK J-AW

63	EPD	Yes	154.953125		100.0	None	Eureka Area	Monitor EPD during Incident
64	EPD TAC	No	156.030000		100.0	None	Immediate Incident Area	Monitor EPD during Incident
66	HCSO	Yes	154.740000		None	None	Humboldt County	Monitor HCSO during Incident
67	ARC PD	Yes	155.430000		None	None	Arcata Area	Monitor APD during Incident

Radio Operation Guide

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VHF

VHF Radios and Frequencies

Frequencies

When to Use

Locations

RX PL-TONE TX PL-TONE

IX

RX

Repeater

Name

BANK 1- Ambulance

CH	Name	Repeater	RX	IX	RX PL-TONE	TX PL-TONE	Locations	When to Use
1	CA EUREKA D	Yes	153.110000		159.705000	NXDN	McKinleyville to King Salmon	City Ambulance Digital Dispatch Channel
2	CA PIERCE D	Yes	153.937500		159.517500	NXDN	Orick to Weott (Excluding Arcata/Eureka)	City Ambulance Digital Dispatch Channel
3	CA PRATT D	Yes	152.277500		167.537500	NXDN	Weott to Laytonville	City Ambulance Digital Dispatch Channel
4	ARCATA AMB	Yes	152.405000		157.665000	151.4	Indianola to Orick Area	Arcata Ambulance Dispatch Channel
5	OLD ARCATA AMB	No	155.175000		155.175000	151.4	Indianola to Orick Area	Backup Arcata Ambulance Channel

BANK 2-HCFN

9	FN1 PRATT	Yes	154.070000		159.000000	110.9	Weott to Piercy	Coordinate with Humboldt County Fire Depts
10	FN2 PIERCE	Yes	154.070000		159.000000	110.9	Fields Landing to Weott	Coordinate with Humboldt County Fire Depts
11	FN3 HORSE	Yes	154.070000		159.000000	110.9	Highway 299 East of Blue Lake***Ferdale South of Main St***	Coordinate with Humboldt County Fire Depts
12	FN4 TRIN	Yes	154.070000		159.000000	110.9	Highway 101 North of McKinleyville	Coordinate with Humboldt County Fire Depts
13	FN5 BL	Yes	154.070000		159.000000	110.9	Highway 299 East of Arcata	Coordinate with Humboldt County Fire Depts
14	FN6 ORL	Yes	154.070000		159.000000	110.9	Highway 96 North of Hoopa	Coordinate with Humboldt County Fire Depts
15	FN7 PET	Yes	154.070000		159.000000	110.9	West of Monument Ridge	Coordinate with Humboldt County Fire Depts
16	FN8 SC	Yes	154.070000		159.000000	110.9	West of Kings Peak	Coordinate with Humboldt County Fire Depts
17	FN9 PT1	Yes	154.070000		159.000000	110.9	Portable Repeater for Large Incident	Coordinate with Humboldt County Fire Depts
18	FN10 PT2	Yes	154.070000		159.000000	110.9	Portable Repeater for Large Incident	Coordinate with Humboldt County Fire Depts

BANK 3-HUU LOCAL

19	HUU 10	Yes	151.250000		159.405000	110.9	Miranda to Piercy	Coordinate with CALFIRE
20	HUU 11	Yes	151.250000		159.405000	110.9	Miranda to Redcrest	Coordinate with CALFIRE
21	HUU 12	Yes	151.250000		159.405000	110.9	Redcrest to Tompkins Hill	Coordinate with CALFIRE
22	HUU 13	Yes	151.250000		159.405000	110.9	Tompkins Hill to Trinidad	Coordinate with CALFIRE
23	HUU 14	Yes	151.250000		159.405000	110.9	Trinidad to Klamath	Coordinate with CALFIRE

BANK 4-HUU TACS

24	CDF TAC 3	No	151.175000		151.175000	192.8	Immediate Area of Incident	Coord with CDF IC
25	CDF TAC 7	No	151.340000		151.340000	192.8	Immediate Area of Incident	Coord with CDF IC
26	CDF T8	No	151.370000		151.370000	192.8	Immediate Area of Incident	Coord with CDF IC
27	CDF TAC 10	No	151.400000		151.400000	192.8	Immediate Area of Incident	Coord with CDF IC
28	CALCORD	No	156.075000		156.075000	192.8	Immediate Area of Incident	Coord w/ Other Agencies in Major Incidents

BANK 5-FIRE NORTH

29	HBF C1	Yes	154.370000		158.820000	141.3	Immediate Area of Eureka	Coordinate with HBF D Command
30	HBF C4	Yes	153.950000		159.045000	100.0	Immediate Area of Eureka	Coordinate with HBF D Command
31	HBF T2	No	154.430000		154.430000	103.5	Immediate Area of Incident	Coord with HBF IC
32	HBF T3	No	154.325000		154.325000	107.2	Immediate Area of Incident	Coord with HBF IC
33	HBF T5	No	155.835000		155.835000	127.3	Immediate Area of Incident	Coord with HBF IC
34	SAMOA FD	No	154.400000		154.400000	None	Immediate Area of Incident	Coordinate with Samoa VFD
35	Arcata Fire Department	Yes	154.130000		158.940000	192.8	Immediate First Responder Area	Coord with Arcat Fire Department Command

36	Arcata Fire TAC1	No	151,122,500	151,122,500	192.8	192.8	Immediate Area of Incident	Coord with AFD IC
37	Arcata Fire TAC2	No	154,747,500	154,747,500	192.8	192.8	Immediate Area of Incident	Coord with AFD IC
38	BLFD	No	153,770,000	153,770,000	None	173.8	Immediate First Responder Area	Coord with BLFD IC
39	FB VFD	No	154,205,000	154,205,000	None	151.4	Immediate First Responder Area	Coord with FBFD IC
40	WCVFD	No	151,310,000	151,310,000	None	None	Immediate First Responder Area	Coord with WCDFD IC

BANK-FIRE EEL VALLEY

41	FORT FD	Yes	154,235,000	156,105,000	203.5	186.2	Immediate First Responder Area	Coordinate with Fortuna Fire Command
42	FORT T1	No	153,830,000	153,830,000	None	None	Immediate First Responder Area	Coord with FFD IC
43	FORT T2	No	154,310,000	154,310,000	None	None	Immediate First Responder Area	Coord with FFD IC
44	FERN FD	Yes	154,175,000	154,175,000	151.4	151.4	Immediate First Responder Area	Coordinate with Ferrndate Fire Command
45	FERN T1	No	158,865,000	158,865,000	151.4	151.4	Immediate First Responder Area	Coord with FVFD IC
46	FERN T2	No	154,347,500	154,347,500	151.4	151.4	Immediate First Responder Area	Coord with FVFD IC
47	LVFD	Yes	154,010,000	154,010,000	146.2	146.2	Immediate First Responder Area	Coordinate with Loleta Fire Command
48	LVFD TAC	Yes	151,032,500	151,032,500	146.2	146.2	Immediate First Responder Area	Coord with LVFD IC
49	ERV TAC RPT/R	Yes	159,187,500	155,085,000	146.2	192.8	Eel Valley Area	Coord with Interagency IC
50	PET RPT	Yes	154,145,000	150,790,000	162.2	162.2	Petrolia Valley Area	Coord with Petrolia Base
51	PVFD	No	154,145,000	154,145,000	162.2	162.2	Immediate First Responder Area	Coord with PVFD IC
52	RD FD	No	153,770,000	153,770,000	None	173.8	Immediate First Responder Area	Coord with RDVFD IC
53	SCOTIA	No	153,320,000	153,320,000	None	127.3	Immediate First Responder Area	Coord with SVFD IC

BANK-FIRE SOUTH

54	HONEYDEW	No	154,445,000	154,445,000	None	156.7	Immediate First Responder Area	Coord with HDVFD IC
55	SC FIRE	Yes	155,940,000	150,775,000	146.2	146.2	Immediate First Responder Area	Coord with SCVFD IC
56	HWDFORE	Yes	153,950,000	154,385,000	123.0	156.7	Northern Mendocino County	Coord with CALFIRE

BANK-AIR TACS

57	CGF AG1	No	151,280,000	151,280,000	192.8	192.8	Immediate Incident Area	Coord with CALFIRE Helicopter
58	CGF AG2	No	159,262,500	159,262,500	192.8	192.8	Immediate Incident Area	Coord with CALFIRE Helicopter
59	CGF AG3	No	159,367,500	159,367,500	192.8	192.8	Immediate Incident Area	Coord with CALFIRE Helicopter
60	CG 16	No	156,800,000	156,800,000	None	None	Immediate Incident Area	Coord with Coastguard Helicopter
61	CG 22	No	157,100,000	157,100,000	None	None	Immediate Incident Area	Coord with Coastguard Helicopter
62	CG 83A	No	157,175,000	157,175,000	None	None	Immediate Incident Area	Coord with Coastguard Helicopter

BANK-LAW

63	EPD	Yes	154,953,125		100.0	None	Eureka Area	Monitor EPD during Incident
64	EPD TAC	No	156,030,000		100.0	None	Immediate Incident Area	Monitor EPD during Incident
65	FORT PD	Yes	155,250,000		None	None	Fortuna Area	Monitor FPD during Incident
66	HCSSO	Yes	154,740,000		None	None	Humboldt County	Monitor HCSSO during Incident
67	ARC PD	Yes	155,430,000		None	None	Arcaata Area	Monitor APD during Incident
68	CLEMARS	No	154,920,000	154,920,000	None	None	Immediate Incident Area	Coord with Law Enforcement
69	NALEMARS	No	155,475,000		None	None	Immediate Incident Area	Monitor during Incident
70	OES 1	No	154,150,000	154,160,000	None	156.7	Immediate Incident Area	Coordinate with other Agencies
71	OES 2	No	154,220,000	154,220,000	None	156.7	Immediate Incident Area	Coordinate with other Agencies

BANK-VCAI/IFIRE

72	VCALL 10	No	155.752500	155.752500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
73	VTAC 11	No	151.137500	151.137500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
74	VTAC 12	No	154.452500	154.452500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
75	VTAC 13	No	158.727500	158.727500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
76	VTAC 14	No	159.475000	159.472500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
77	VFIRE 21	No	154.280000	154.280000	None	156.7	Immediate Incident Area	Coordinate with other Agencies
78	VFIRE 22	No	154.265000	154.265000	None	156.7	Immediate Incident Area	Coordinate with other Agencies
79	VFIRE 23	No	154.295000	154.295000	None	156.7	Immediate Incident Area	Coordinate with other Agencies
80	VFIRE 24	No	154.272500	154.272500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
81	VFIRE 25	No	154.287500	154.287500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
82	VFIRE 26	No	154.302500	154.302500	None	156.7	Immediate Incident Area	Coordinate with other Agencies
83	NASAR	No	155.160000	155.160000	None	None	Immediate Incident Area	Coordinate with other Agencies



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-87) OPI 062

CH4


CHP AREA: 125

CHP Certificate/Permit Number: 2186- 13344	ISSUED: 9/3/2022	EXPIRES: 9/2/2023	AREA:
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<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	

VEHICLE YEAR & MAKE: 2013 FORD E 350	VEHICLE LICENSE NO. 43292N1	VIN: 1FDSS3ES4DDB32171
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*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS	PROPERTY OF CALIFORNIA HIGHWAY PATROL
 <p>CITY AMBULANCE OF EUREKA, INC., 2186 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE 135 WEST 7TH STREET EUREKA CA, 95501-0229</p>	<p>This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.</p>



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C45

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 13839	ISSUED: 9/3/2022	EXPIRES: 9/2/2023	AREA:
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR & MAKE: 2014 FORD E 350	VEHICLE LICENSE NO. 75923F2	VIN: 1FDSS3EL3EDB14383	

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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C46



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14040**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2014 FORD E 350**

VEHICLE LICENSE NO. **60385X1**

VIN: **1FDSS3EL0EDB14423**

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C48

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14636**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2016 FORD TRANSIT**

VEHICLE LICENSE NO. **57538B2**

VIN: **1FDYR2CMXGKB55944**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2418 (a) () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

049

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14985**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2017 FORD TRANSIT**

VEHICLE LICENSE NO. **73470F2**

VIN: **1FDYR2CM3HKA31676**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186-15576**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **27561L2**

VIN: **1FDYR2CM3JKA24622**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) { } for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

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C52



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 15727**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

- INITIAL
- REPLACEMENT

- DUPLICATE
- RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
- AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **11511P2**

VIN: **1FDYR2CM3JKB09010**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 15954**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **10036S2**

VIN: **1FDYR2CM9JKB15538**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

C54

CHP Certificate/Permit Number: 2186- 15953			ISSUED: 9/3/2022	EXPIRES: 9/2/2023	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> RENEWAL			<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA:
VEHICLE YEAR & MAKE: 2018 FORD TRANSIT		VEHICLE LICENSE NO. 64762S2		VIN: 1FDYR2CM4JKB22400	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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C55



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 12495	ISSUED: 9/3/2022	EXPIRES: 9/2/2023	AREA:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	
VEHICLE YEAR & MAKE: 2012 CHEVROLET 3500	VEHICLE LICENSE NO. AMRA 29	VIN: 1GB3G2CLXC1105786	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

C56

CHP Certificate/Permit Number: 2186- 15506		ISSUED: 9/3/2022	EXPIRES: 9/2/2023	CHP AREA: 125
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE	
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	AREA:	
VEHICLE YEAR & MAKE: 2014 FORD E 450		VEHICLE LICENSE NO. 28608H2	VIN: 1FDWE3FS7EDA78793	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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C57



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 15323**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2014 FORD E 350**

VEHICLE LICENSE NO. **33688k3**

VIN: **1FDWE3FS2EDA81049**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBerville AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 325

CHP Certificate/Permit Number: **2186- 15456**

ISSUED: **8/18/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **91925G2**

VIN: **1FDWE3FS7BDB20875**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

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C59



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 17408**

ISSUED: **9/3/2022**

EXPIRES: **9/2/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2011 FORD**

VEHICLE LICENSE NO. **38133K3**

VIN: **1FDWE3FS3BDB22171**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC., 2186
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18169**

ISSUED: **7/8/2022**

EXPIRES: **9/3/2023**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD TRANSIT 280**

VEHICLE LICENSE NO. **28579S3**

VIN: **1FDBR2CG5MKA79965**

*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code Section 2416 (a) { } for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186
 FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
 135 WEST 7TH STREET
 EUREKA CA, 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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#60



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) CPl 062

061

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18442**

ISSUED: **3/13/2023**

EXPIRES: **12/31/2023**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD T250**

VEHICLE LICENSE NO. **61884N3**

VIN: **1FDBR2CG7NKA53059**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) { } for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



**CITY AMBULANCE OF EUREKA, INC.,
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229**

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Quality Management Practices and Policy

The Quality Management Program is overseen by the Chief Operating Officer and Quality Improvement Coordinator.

We direct staff to do self-reporting or reporting of another employee:

- A. When another crewmember, public safety person, or the public performed a special task deserving merit or did an outstanding job above and beyond what is expected.
- B. For any driving incident (violation, accident, etc.).
- C. When there is a negative confrontation or poor interaction with customers, the general public, or agency personnel.
- D. When an employee observes or participates in medical treatment that is contrary to policies or system protocols.
- E. When an employee feels that improper patient care was performed (either by mistake or negligence).
- F. For unusual occurrences that prevent an employee from following policies or procedures.

Additionally, a percentage of calls are reviewed each month by the Quality Improvement Coordinator and the Pre-Hospital Nurse Liaison under the Base Hospital/North Coast EMS Quality Improvement contract. Select charts are reviewed in a group Field Care Audit (FCA) each month, which is led by the Pre-Hospital Medical Director for the Paramedic Base Hospital. North Coast EMS requires that every paramedic attend six FCAs in each two-year accreditation period.

An escalation procedure is in place for EMTs or Paramedics who perform at a level below expectations. The procedure consists of the following elements; however, some elements may be skipped for more egregious errors.

1. Discussion
2. Remediation
3. Probation
4. Dismissal (dismissal for patient care concerns must also be reported to the EMS Authority)



Staffing and Hiring Practices

Staffing

City Ambulance employs certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training.

Ongoing recruitment for paramedics and EMTs is done via online advertising (e.g. Craigslist, Calif. EMS web site), social media, local print media, local EMT course instructors' graduate recommendations, and employee recommendations.

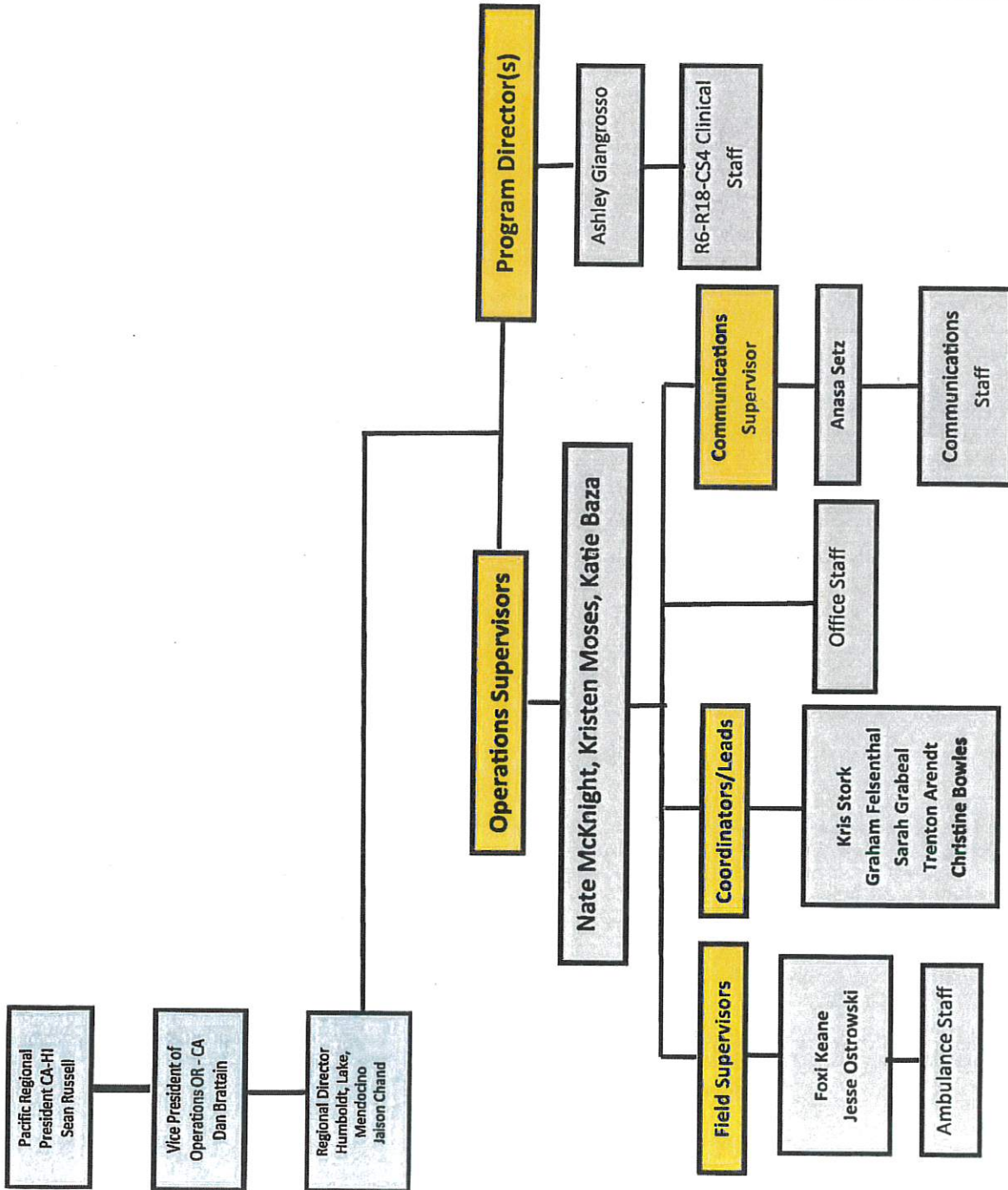
Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates are hired as needed to ensure optimal coverage.

Hiring

Once employment is offered and accepted, new employees are assigned a company email address and access to the company internet site, MYCAE. A Welcome Letter is emailed to the new hire with this information, and an HR Orientation is scheduled.

After logging on to MYCAE, new employees can access and print new hire forms, review the company handbook, safety manual, policies and procedures, training requirements, training calendar, schedules, company announcements, and much more. MYCAE is the hub of most of the company's information and communications for employees.

The HR Orientation consists of ensuring all new hire forms are complete; obtaining copies and verifying current status of licenses and certifications required for the job; obtaining copies of vaccination history and reports; and obtaining a current driver record and verifying eligibility for enrollment on the company vehicle insurance policies. New employees are given an overview of MYCAE, with the direction to continue reviewing and becoming familiar with the site, core policies and procedures, protocols, work practices and expectations.



Ground Responsibilities

Kristen Moses-
 Staff Development
 QJP (Lauk-Ming Chu)
 Community Outreach (Sarah Grabeal)
 Ambulance Scheduling (Foxi Keane)

Nathan McKnight-
 Facilities (Kristopher Stork)
 Vehicle Maintenance (Jesse Ostrowski)
 Supplies and Equipment (Graham Felsenthal)

Katie Baza-
 Safety
 Recruitment and Retention
 Employee Recognition (Christine)
 IT/Electronic Equipment (Trenton Arendt)
 Communications Scheduling (Christine Bowles)
 Communications Operations (Anasa Setz)

Air Responsibilities

Safety Rep:
 Reach 6- Brian Bartlow
 Reach 18- Jeff Myers
 CalStar 4- Brian Smith

Supply Officer:
 Reach 6- Eric Spiess
 Reach 18- Marissa Johnson
 CalStar 4- Jacob Sheffler/Chantelle McManus

Radio Lead:
 Reach 6- Erik Spiess
 Reach 18- Nat Norling
 CalStar 4- Brian Smith

TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

Newly hired employees are assigned a New Employee Trainer as their Primary Trainer. Paramedics are assigned to a Field Training Officer (FTO). FTOs are paramedics who are approved by NCEMS and City Ambulance to teach, monitor and evaluate students, EMTs, or accrediting paramedics. They are competent in methods of instruction and evaluation in both training and orientation, and are familiar with all policies of City Ambulance and NCEMS. City Ambulance FTOs are Kayce Hurd, Caleb Moody, Nathan McKnight, Virginia Plambeck and Foxl Keane.

Trainers provide daily evaluations of new employees' performance and ambulance driving. Trainers may be assisted by other on-duty staff in the new employees' training. The typical orientation is a minimum of 5 days spread over all 3 divisions: Eureka, Fortuna, and Garberville. Three days will be 6-8 hrs, and the fifth day is a 24-hr. shift. Additional shifts may be scheduled if needed. During the orientation period, new employees ride along with several different crews to observe patient care and transportation.

The following required training will occur during the orientation period and over the first 30 days of employment:

- Lift Test – training on proper gurney operation, followed by a practical test
- Fit Test – training on the procedure for using a respirator mask, followed by a practical test
- HIPAA, HazMat, Bloodborne Pathogens, and EMS Interact online training courses
- Clinical equipment and systems training
- Radio operations and use
- Gurney van training (wheelchair lift & power gurney)
- Policies and Procedures review
- Observation of and Instruction from ambulance crews in the care, treatment, and safe transportation of patients according to EMS protocols and company policies.

City Ambulance operates under the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

CITY AMBULANCE OF EUREKA
2022 AMBULANCE RATE SCHEDULE

Base Rates

Critical Care Transport (CCT*)	\$3,800.00
Standard Emergency Scene Response and Transport	\$2,650.00
Advanced Life Support Interfacility Transfer (IFT)	\$2,650.00
Basic Life Support Interfacility Transfer (IFT)	\$1,100.00
911 Response Without Transport	\$350.00

Services

Electrocardiogram/12-lead	\$300.00
Spinal Motion Restriction/Evaluation/Immobilization	\$300.00
Extrication	\$300.00
CPAP/BVM/Intubation	\$300.00
Intraosseous Infusion	\$300.00
Glucagon Administration	\$300.00
Oxygen	\$100.00
Disposable Linens	\$100.00
Night Fee (1900-0700)	\$100.00
Wait Time per 15 Minutes	\$100.00
Mileage (per Mile)	\$40.00

*CCT refers to a transport in which the patient is intubated, is attended by an RN, is receiving medications by IV infusion, or a 12-lead ECG is performed.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED City Ambulance of Eureka, Inc. 135 West 7th Street Eureka CA 95501 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lloyd's Syndicate No. 1729		AA1120157
	INSURER B: ACE American Insurance Company		22667
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	INSURER D: Indemnity Insurance Co of North America		43575
	INSURER E: ACE Property & Casualty Insurance Co.		20699
INSURER F: Great American Security Ins Co		31135	

COVERAGES **CERTIFICATE NUMBER:** 570099965201 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG72962722 SIR applies per policy terms & conditions	03/31/2023	03/31/2024	EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 SIR \$250,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25578193	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
F	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			EXC4901832	03/31/2023	03/31/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR70317370 AOS WLR70317333 CA, MA	03/31/2023	03/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	E&O - Professional Liability - Excess			CSHLC2301663 Claims Made- Lead Carrier SIR applies per policy terms & conditions	03/31/2023	03/31/2024	Per Claim \$15,000,000 Aggregate \$15,000,000 SIR \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 County of Humboldt is included as Additional Insured in accordance with the policy provisions of the General Liability policy. A waiver of Subrogation is granted in favor of County of Humboldt in accordance with the policy provisions of the General Liability, Automobile Liability, workers' compensation and Excess Liability policies.

CERTIFICATE HOLDER County of Humboldt Attn: Risk Management 825 5th Street, Room 131 Eureka CA 95501 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

570099965201

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED City Ambulance of Eureka, Inc.	
POLICY NUMBER See Certificate Number: 570099965201			
CARRIER See Certificate Number: 570099965201	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
E				XCQG72514816003	03/31/2023	03/31/2024	Aggregate	\$10,000,000
							Each Occurrence	\$10,000,000
	WORKERS COMPENSATION							
C		N/A		SCFC70317412 WI	03/31/2023	03/31/2024		
B		N/A		WCUC7031745A OH SIR applies per policy terms & conditions	03/31/2023	03/31/2024		