



**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:	
Application Fee of \$196.00 Received:	Yes <input 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:	K'ima:w Medical center Hoopa Tribe		
Name of Contact Person:	Rod Johnson		
Mailing Address:	PO Box 1288	City/Zip Code	95546
Physical Address:	535 airport rd	City	Hoopa
Telephone/ Fax Numbers	1-707-499-3269	E-Mail	emspro.rod@gmail.com



**County of Humboldt**  
Eureka, California

<b>Owner Name</b>	Hoopa valley tribe Council				
<b>Address</b>	po box 1348	<b>City/Zip Code</b>	Hoopa 95546		
<b>Phone Number</b>	1-530-625-4211	<b>Fax Number</b>	530-625-4594	<b>E-Mail</b>	hbtsecretary@h oopa-nsn.gov



**County of Humboldt  
Eureka, California**

**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. 2022	Ford F-350	1FDRF3HTX NDAO1609	G31 0244U	41072	GSA	white /red stripes/ Hoopa valley tribe logo
2. 2019	Ford F-350	1FDRF3HT8 KDA19814	G31- 0226W	123998	GSA	White/red Stripes/Hoopa valley Tribe Logo
3. 2019	Ford F350	1FDRF#HTX KDA190815	G31- 0225W	118434	GSA	White/red Stripes / Hoopa valley Tribe Logo
4.						



**County of Humboldt**  
Eureka, California

5.	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.							
7.							
8.							
9.							
10.							



**County of Humboldt  
Eureka, California**

- 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.



**County of Humboldt  
Eureka, California**

**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):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	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	
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	xxxxxx



**County of Humboldt  
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<b>Zone 3 Central</b>	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	
<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 4 South – Fortuna Sub-Zone</b>	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
<b>Zone 4 South – Garberville Sub-Zone</b>	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



**County of Humboldt  
Eureka, California**

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

**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





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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 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 5<sup>th</sup> 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.



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Eureka, California**

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.

(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, K'ima:w medical center 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:**



**County of Humboldt  
Eureka, California**

<b>Printed Name and Title</b>	Rod Johnson EMS Director
<b>Date:</b>	04/20/2023

**Required Paperwork Checklist**

- Application complete
- 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



**R**  
**Brown CONSTRUCTION CO., INC.**

GENERAL ENGINEERING CONTRACTOR Ⓐ

P.O. BOX 406 • WILLOW CREEK, CA 95573  
OFFICE (530) 629-3702 • FAX (530) 629-2863  
HOME (530) 629-2480



HAZARDOUS SUBSTANCE  
REMOVAL AND  
REMEDIAION DIVISION

April 17, 2023

To whom it may concern,

We perform the maintenance and annual services for all the K'ima:w GSA Ambulances (0225W, 0226W & 0244U). If you have any questions or concerns please do not hesitate to call me at the number listed above.

Sincerely,

*Roger Brown*

Roger Brown  
Vice-President  
R. Brown Construction Co., Inc.

















WAYNE SHAW 707-725-9702 wayne@silkecom.com

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DATE: April 19, 2023

HOOPA AMBULANCE'S RADIOS, BOTH MOBILES AND PORTABLES ARE CURRENT  
AND UP TO DATE. THEY ARE CHECKED AND SERVICED BY SILKE  
COMMUNICATIONS IN FORTUNA, CA

WAYNE SHAW

RWS SERVICES  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

Order Number	Order Date	Entry	Promised Date & Time	TECH	Helper	Invoice No.
	09/07/18	RWS	09/07/18			043174

Job Location:

To: HOOPA AMBULANCE  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

Home Phone	Work Phone	Method of Payment	Special Instructions
530-625-4520			

**DESCRIPTION OF JOB**

BK KNG-P150CMD SN 1005030118270009

Description of Work & Materials	Quantity	Price	Amount
RADIO, BK VHF COMMANDER 1005030118270009	1.00	2713.00	2713.00
BATTERY, AA CLAMSHELL	2.00		
ANTENNA, HIGH GAIN FOR KNG	1.00		
RADIO OR PAGER PROGRAMMING	1.00		

Labor Details			Invoice Totals	
TECH	hrs @	=	Total Material	2,713.00
Helper	hrs @	=	Total Labor	40.00

Invoice Date	09/07/18	Please pay this amount	2,753.00
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**NO REFUNDS ON SPECIAL ORDERS**

RWS SERVICES  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

Order Number	Order Date	Entry	Promised Date & Time	TECH	Helper	Invoice No.
	01/08/18	RWS	01/08/18			042384

**Job Location:**

To: HOOPA AMBULANCE  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

Home Phone	Work Phone	Method of Payment	Special Instructions
530-625-4520			

**DESCRIPTION OF JOB**

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Description of Work & Materials	Quantity	Price	Amount
PORTABLE, VHF 6 WATT B7A10802	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT B7A10803	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT B7A10804	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT B7A10805	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT B7A10806	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT B7A10807	NX-5200K2	1.00	825.00
PORTABLE, VHF 6 WATT	NX-5200K2	1.00	825.00

**Labor Details**

**Invoice Totals**

TECH	hrs @	=	Total Material
Helper	hrs @	=	Total Labor

Invoice Date	Please pay this amount	Page 1
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**NO REFUNDS ON SPECIAL ORDERS**

RWS SERVICES  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

Order Number	Order Date	Entry	Promised Date & Time	TECH	Helper	Invoice No.
	01/08/18	RWS	01/08/18			042384

To: HOOPA AMBULANCE  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

Job Location:

Home Phone	Work Phone	Method of Payment	Special Instructions
530-625-4520			

**DESCRIPTION OF JOB**

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Description of Work & Materials	Quantity	Price	Amount
B7A10808 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10809 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10810 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10811 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10816 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10821 UPGRADE, P25 CONVENTIONAL BATTERY, LI-ION KWD-5100CV	12.00	575.00	6900.00
KNB-L2M	24.00	135.00	3240.00

**Labor Details**

**Invoice Totals**

TECH	hrs @	=	Total Material
Helper	hrs @	=	Total Labor

Invoice Date	Please pay this amount	Page 2
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**NO REFUNDS ON SPECIAL ORDERS**

**RWS SERVICES**  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

<b>Order Number</b>	<b>Order Date</b>	<b>Entry</b>	<b>Promised Date &amp; Time</b>	<b>TECH</b>	<b>Helper</b>	<b>Invoice No.</b>
	01/08/18	RWS	01/08/18			042384

**To: HOOPA AMBULANCE**  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

**Job Location:**

<b>Home Phone</b>	<b>Work Phone</b>	<b>Method of Payment</b>	<b>Special Instructions</b>
530-625-4520			

**DESCRIPTION OF JOB**

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Description of Work & Materials	Quantity	Price	Amount
ANTENNA, VHF HELICAL KRA26M	12.00	14.00	168.00
CHARGER, MULTI CHEM RAPID RATE KSC32	12.00	70.00	840.00
RADIO OR PAGER PROGRAMMING	15.00		
WSCA 30% ON KENWOOD ITEMS			-6314.40

Labor Details			Invoice Totals	
TECH	hrs @	=	Total Material	21,048.00
Helper	hrs @	=	Total Labor	600.00

<b>Invoice Date</b>	01/08/18	<b>Please pay this amount</b>	15,333.60
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**NO REFUNDS ON SPECIAL ORDERS**

RWS SERVICES  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

Order Number	Order Date	Entry	Promised Date & Time	TECH	Helper	Invoice No.
	01/08/18	RWS	01/08/18			042384

To: HOOPA AMBULANCE  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

Job Location:

Home Phone	Work Phone	Method of Payment	Special Instructions
530-625-4520			

**DESCRIPTION OF JOB**

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Description of Work & Materials	Quantity	Price	Amount
B7A10808 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10809 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10810 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10811 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10816 PORTABLE, VHF 6 WATT NX-5200K2	1.00	825.00	825.00
B7A10821 UPGRADE, P25 CONVENTIONAL BATTERY, LI-ION KWD-5100CV	12.00	575.00	6900.00
KNB-L2M	24.00	135.00	3240.00

Labor Details			Invoice Totals	
TECH	hrs @	=	Total Material	
Helper	hrs @	=	Total Labor	

Invoice Date	Please pay this amount	Page 2
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**NO REFUNDS ON SPECIAL ORDERS**



RWS SERVICES  
 165 S. Fortuna Blvd.  
 Fortuna, CA 95540  
 Phone 1-707-725-9702

**Invoice**

Order Number	Order Date	Entry	Promised Date & Time	TECH	Helper	Invoice No.
	01/08/18	RWS	01/08/18			042384

To: HOOPA AMBULANCE  
 P.O. BOX 1288  
 535 AIRPORT ROAD  
 HOOPA, CA 95546

Job Location:

Home Phone	Work Phone	Method of Payment	Special Instructions
530-625-4520			

**DESCRIPTION OF JOB**



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Description of Work & Materials	Quantity	Price	Amount
ANTENNA, VHF HELICAL	12.00	14.00	168.00
CHARGER, MULTI CHEM RAPID RATE	12.00	70.00	840.00
RADIO OR PAGER PROGRAMMING	15.00		
WSCA 30% ON KENWOOD ITEMS			-6314.40



Labor Details			Invoice Totals	
TECH	hrs @	=	Total Material	21,048.00
Helper	hrs @	=	Total Labor	600.00

Invoice Date	01/08/18	Please pay this amount	15,333.60
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**NO REFUNDS ON SPECIAL ORDERS**

 STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL <b>SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT</b> CHP 301 (REV 4-97) OP 062			CHP AREA 125
CHP Certificate/Permit Number: 2182-16588	ISSUED: 6/17/2021	EXPIRES: 6/16/2022	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 AND MAKE: 19 FORD F 350	VEHICLE LICENSE NO: G310226W	VIN: 1FDRF3HT8KDA19B14	
<small>*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) 1 - 6*</small>			
NAME AND MAILING ADDRESS  K'IMA:W MEDICAL CENTER HOOPA AMBULANCE TRIBAL/SOVEREIGN P. O. BOX 1288 HOOPA, CA 95546-		PROPERTY OF CALIFORNIA HIGHWAY PATROL 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.	

 STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL <b>SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT</b> CHP 301 (REV 4-97) OP 062			CHP AREA 125
CHP Certificate/Permit Number: 2182-16588	ISSUED: 6/17/2021	EXPIRES: 6/14/2021	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 AND MAKE: 19 FORD F 350	VEHICLE LICENSE NO: G310225W	VIN: 1FDRF3HTXKDA19B15	
<small>*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) 1 - 6*</small>			
NAME AND MAILING ADDRESS  K'IMA:W MEDICAL CENTER HOOPA AMBULANCE TRIBAL/SOVEREIGN P. O. BOX 1288 HOOPA, CA 95546-		PROPERTY OF CALIFORNIA HIGHWAY PATROL 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.	

 STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL <b>SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT</b> CHP 301 (REV 4-97) OP 062			CHP AREA 125
CHP Certificate/Permit Number: 2182-15985	ISSUED: 6/17/2021	EXPIRES: 6/14/2021	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 AND MAKE: 17 RAM 3500	VEHICLE LICENSE NO: G310202S	VIN: 3C7WRTBL8HG819902	
<small>*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) 1 - 6*</small>			
NAME AND MAILING ADDRESS  K'IMA:W MEDICAL CENTER HOOPA AMBULANCE TRIBAL/SOVEREIGN P. O. BOX 1288 HOOPA, CA 95546-		PROPERTY OF CALIFORNIA HIGHWAY PATROL 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.	

The CHP will conduct a background check on all company principals to ensure compliance with Section 2541 CVC. Applicants with a criminal history, or applicants failing to disclose any convictions or disqualifying actions, may have their license denied, suspended or revoked. **Any convictions that have been expunged from an applicant's conviction record pursuant to Section 1203.4 of the California Penal Code must be disclosed**

**COMPANY PRINCIPAL(S):** Enter the name, title, date of birth, driver license number and state of issue for each owner, partner, officer, director or controlling shareholder. Attach an additional sheet of paper if necessary. If any of these individuals have changed since the last renewal, see Change of Ownership or Control.

**AUTHORIZED CERTIFIER'S SIGNATURE:** An authorized corporate officer or authorized representative of the company must certify the application and print or type his or her name and title.

### RENEWAL APPLICATION PROCEDURES

Confirm the information on your preprinted application, line out all incorrect information, and complete all entries with current information. See Application Line Item Instructions for information on required entries. **Incomplete applications will be returned without processing.**

Complete a List of Vehicles to be Operated (CHP 361A) identifying all emergency ambulances to be operated by the licensee and any ambulances removed from service. See form instructions below.

Your completed renewal application, List of Vehicles to be Operated and a check or money order payable to the CHP in the amount of \$150.00 should be submitted at least 30 days prior to the license expiration date. In any event, it **must be received prior to expiration to ensure uninterrupted service.** Mail to:

CALIFORNIA HIGHWAY PATROL  
Research and Planning Section  
P.O. Box 942898  
Sacramento, CA 94298-0001  
Attn: RSPV Coordinator - 061

The CHP will conduct an annual inspection of required personnel records, records of calls, company requirements, and emergency ambulance(s) prior to existing license expiration. It is not necessary, however, to have inspections conducted prior to submitting your renewal application.

**The licensed activity must cease immediately upon expiration of the license. There is no grace period.**

### LIST OF VEHICLES TO BE OPERATED INSTRUCTIONS

Complete the following entries on form CHP 361A.

**SERVICE NAME/DOING BUSINESS AS:** Enter the legal name of the company and the DBA, if different.

**TOTAL NUMBER OF VEHICLES:** Enter the total number of emergency ambulances in your fleet. **Do not list support or supervisor vehicles.**

**SERVICE ADDRESS:** List the company's headquarters address. Include city, state, and zip code.

**CHP LICENSE NUMBER (renewals only):** Enter the CHP Emergency Ambulance Service License number.

**CHP ID CARD No. (renewals only):** Enter the vehicle ID certificate number as listed on the Special Identification Certificate/Permit, CHP 301.

**YEAR:** Enter the year the vehicle was manufactured.

**MAKE/MODEL:** Enter the vehicle make and model.

**LICENSE PLATE No.:** Enter the vehicle license plate number issued by the DMV.

**VEHICLE IDENTIFICATION No. (VIN):** Enter the **entire** VIN.

**USUAL VEHICLE LOCATION:** Enter the location of each ambulance if different from the service address listed.

**VEHICLES REMOVED FROM SERVICE (renewals only):** Enter the same information as above for each previously certified ambulance removed from service since the last license renewal. If the Special Identification Certificate/Permit has not been surrendered, enclose it with this application.

### CHANGE OF OWNERSHIP OR CONTROL

**Licenses are non-transferable.** A majority change in ownership or control of a licensed activity requires a **new license.** A change in ownership or control includes, but is not limited to, a change in corporate status or a stock transfer of shares possessing more than 50 percent of the voting power of the corporation. A change in ownership or control does not include the addition or deletion of partners, officers, directors, or board members comprising 50 percent or less ownership or control of the licensed activity, if both of the following are complied with:

- The new partners, officers, directors, or board members have not committed any acts that would disqualify them from obtaining a license as described in Section 2541 CVC.
- An amended license application form indicating the changes is submitted within 10 days of the change. Appropriate fingerprint forms and required fees must also accompany an application for an initial or amended license.

### LATE OR INCOMPLETE FORMS

An application for license renewal received after the license expiration date, or incomplete applications not corrected prior to the license expiration date, must be accompanied by \$200.00. If the license is not renewed within 30 days following the expiration date, the applicant must comply with the requirements for obtaining an initial license.

### QUESTIONS/ADDITIONAL FORMS

If you have any questions or need additional forms, please telephone the RSPV Program Coordinator at 916/843-3440 or, for the hearing impaired, (800) 735-2929 TT/TDD, Monday through Friday, excluding state holidays, 8:00 A.M. to 5:00 P.M.

**DEPARTMENT OF MOTOR VEHICLES**

INFORMATION SERVICES BRANCH  
EMPLOYER PULL NOTICE UNIT MS H265  
P.O. BOX 944231  
SACRAMENTO, CA 94244

**Employer Pull Notice Account Approval Letter**

Date: 05/23/2019

Legal Contract Name: KIMAW MEDICAL CENTER

Requester Code: FF317

ATTN To : ROD JOHNSON

Mailing address : PO BOX 1288

City, State, Zip Code : HOOPA, CA 95546

Your Employer Pull Notice (EPN) Account application has been approved, effective on the above date. Information regarding EPN accounts, including requirements and responsibilities associated with receiving Department of Motor Vehicles (DMV) driver records, are available at: [www.dmv.ca.gov](http://www.dmv.ca.gov). Any violation or non-compliance, including misuse of information, may result in cancellation of your account, in addition to civil or criminal penalties.

Please retain this letter for your records. When communicating with DMV regarding your account, you will be asked to provide your Requester Code. You are required to keep your Requester Code, and all information received pursuant to your EPN account, confidential. Your Requester Code and DMV information may not be shared without prior express authorization from DMV.

Within ten (10) business days you will begin receiving driver records of enrolled drivers. Billing invoices will be sent from the Automated Billing Information Services (ABIS) unit to the address provided on your application. Failure to pay your invoices timely may result in cancellation of your EPN account.

If information contained in your EPN application has changed, you must submit a Notice of Change form (INF 4) within ten (10) days of the change. Failure to notify the DMV may result in cancellation of your EPN account.

You may contact the Employer Pull Notice unit by calling (916) 657-6346.

EPN Representative ID 19  
Employer Pull Notice  
Information Service Branch

**DEPARTMENT OF MOTOR VEHICLES**

INFORMATION SERVICES BRANCH  
EMPLOYER PULL NOTICE UNIT MS H265  
P.O. BOX 944231  
SACRAMENTO, CA 94244

**Employer Pull Notice Account Approval Letter**

Date: 05/23/2019

Legal Contract Name: KIMAW MEDICAL CENTER

Requester Code: FF319

ATTN To : ROD JOHNSON

Mailing address : PO BOX 1288

City, State, Zip Code : HOOPA CA 95546

Your Employer Pull Notice (EPN) Account application has been approved, effective on the above date. Information regarding EPN accounts, including requirements and responsibilities associated with receiving Department of Motor Vehicles (DMV) driver records, are available at: [www.dmv.ca.gov](http://www.dmv.ca.gov). Any violation or non-compliance, including misuse of information, may result in cancellation of your account, in addition to civil or criminal penalties.

Please retain this letter for your records. When communicating with DMV regarding your account, you will be asked to provide your Requester Code. You are required to keep your Requester Code, and all information received pursuant to your EPN account, confidential. Your Requester Code and DMV information may not be shared without prior express authorization from DMV.

Within ten (10) business days you will begin receiving driver records of enrolled drivers. Billing invoices will be sent from the Automated Billing Information Services (ABIS) unit to the address provided on your application. Failure to pay your invoices timely may result in cancellation of your EPN account.

If information contained in your EPN application has changed, you must submit a Notice of Change form (INF 4) within ten (10) days of the change. Failure to notify the DMV may result in cancellation of your EPN account.

You may contact the Employer Pull Notice unit by calling (916) 657-6346.

EPN Representative ID 29  
Employer Pull Notice  
Information Service Branch



**APPLICATION FOR EMERGENCY AMBULANCE SERVICE LICENSE**

CHP 361 (Rev. 10-12) OPI 061

Please print or type

<b>REASON FOR APPLICATION</b> <input type="checkbox"/> Initial license (\$200.00) <input type="checkbox"/> New license - majority change in ownership or control (\$200.00) <input checked="" type="checkbox"/> Renewal (\$150.00) <input type="checkbox"/> Late renewal (\$200.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	<b>APPLICANT NAME (COMPANY NAME)</b> K'IMA:W MEDICAL CENTER	<b>FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)</b> 23-7428302
	<b>OWNERSHIP INFORMATION (MARK ONLY ONE)</b> <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE: IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME	<b>ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK)</b> HOOPA AMBULANCE TRIBAL/SOVEREIGN
	<b>MAIN OFFICE STREET ADDRESS, CITY, STATE, ZIP CODE</b> 535 AIRPORT ROAD HOOPA, CA 95546-	<b>CHP EMERGENCY AMBULANCE SERVICE LICENSE NUMBER AND EXPIRATION DATE</b> # 2182- 6/16/2023
	<b>MAILING ADDRESS, CITY, STATE, ZIP CODE (if different from main office address)</b> P. O. BOX 1288 HOOPA, CA 95546-	<b>DMV PULL NOTICE PROGRAM REQUESTER CODE NUMBER</b> EF-319
		<b>TELEPHONE NUMBER, INCLUDE AREA CODE</b> (707) 499-3269

Pursuant to Section 494.5 of the Business and Professions Code (BPC), the collection of a Social Security Number (SSN) from individual applicants is mandatory; upon receipt its use will be limited to the purpose of complying with the BPC requirements. As the collection of the number is mandatory, any license or permit application received which does not include an SSN, when required, will be returned without processing.

**APPLICANT BACKGROUND**

	*YES	NO
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)		<input checked="" type="checkbox"/>
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?		<input checked="" type="checkbox"/>
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?		<input checked="" type="checkbox"/>
d. Has the applicant, an owner, partner, officer, director or controlling shareholder (if a corporation or partnership) ever been convicted of any offenses? (Traffic violations classified as infractions need not be reported.)		<input checked="" type="checkbox"/>

\* EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM

PRINT OR TYPE NAME AND TITLE OF EACH COMPANY PRINCIPAL: OWNER, PARTNER, OFFICER, DIRECTOR OR CONTROLLING SHAREHOLDER. (List additional principals on the reverse side of this form or attach an additional sheet of paper if necessary.)	TITLE	DATE OF BIRTH	DRIVER LICENSE NUMBER AND STATE
STEPHEN B STAKE	CEO	9-15-1981	Y8852033 CA
Rodney L Johnson	EMS Director	8-29-1956	V 70774279

**APPLICATION CERTIFICATION**

It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to emergency ambulance operations. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor violation of the California Vehicle Code and may result in denial or revocation of the license. State law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department and requires a licensee to pay any state tax obligation, or their license may be withheld or suspended if the state tax is obligation not paid. This is pursuant to Section 31(e), Business and Professions Code.

AUTHORIZED CERTIFIER'S SIGNATURE 	PRINT OR TYPE NAME AND TITLE STEPHEN STAKE, CEO	DATE 3/20/23
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**TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL**

<input type="checkbox"/> DMV Pull Notice, and Title 13 CCR required records inspected.	<input type="checkbox"/> Vehicle inspection(s) attached.	LICENSE NUMBER	CONTROL NUMBER	EFFECTIVE DATE	EXPIRATION DATE
<input type="checkbox"/> Company ownership and/or control verified and appropriate fingerprint information attached.					
Temporary operating authorization issued. Date:	LOCATION CODE	<b>ACCOUNTING USE ONLY</b>		DATE	CHECK DATE
Signature: Area Commander's approval.		CASHIER	CHECK NUMBER	AMOUNT	

<b>CHP USE ONLY</b>	<b>LICENSEE NAME AND MAILING ADDRESS</b> ATTENTION: ROD JOHNSON, EMS DIRECTOR K'IMA:W MEDICAL CENTER HOOPA AMBULANCE TRIBAL/SOVEREIGN P. O. BOX 1288 HOOPA CA 95546-	<b>INSTRUCTIONS TO APPLICANT</b> MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P.O. BOX 942898 SACRAMENTO, CA. 94298-0001 Attn: RSPV Coordinator - 061
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME: MOOPA VALLEY TRIBE / MOOPA AMBULANCE TRIBE  
 SERVICE ADDRESS (number and street): PO BOX 1288  
 (city, state, and zip code): MOOPA CA 95546  
 COMPANY LICENSE NUMBER: 2182  
 VEHICLE YEAR, MAKE, AND MODEL: 2019 FORD F350  
 VEHICLE IDENTIFICATION NUMBER (VIN): 1FDRF3HT8KDAF814  
 VEHICLE LICENSE PLATE NUMBER AND STATE: 631022GW  
 VEHICLE CERTIFICATE NUMBER: 16569

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate (annuals/compliance only)	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher (if equipped)	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarkers lamps (if required)	X		22. Fire extinguisher (minimum 4B:C)	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
6. Rigid or pneumatic splints (4)	X		19. Blood pressure cuff, manometer, stethoscope	X	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	X		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X	
8. Oxygen and regulators, portability required	X		21. Bedpan or fracture pan	X	
9. Sterile bandage compresses (4 - 3" x 3")	X		22. Urinal	X	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	X	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X				
12. Bandage shears	X				
13. Universal dressings (2 - 10" x 30" or larger)	X				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							


VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
REMARKS		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	21713	125	4/12/23

DESTROY PREVIOUS EDITIONS



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>HOOPA VALLEY TRIBE / HOOPA Ambulance TRUST</b>	COMPANY LICENSE NUMBER <b>2182</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2022 FORD F350</b>
SERVICE ADDRESS (number and street) <b>PO BOX 1288</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDLF3HTXNDA01609</b>
(city, state, and zip code) <b>HOOPA CA 95546</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>G3102444</b>
		VEHICLE CERTIFICATE NUMBER <b>17471</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate (annuals/compliance only)	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher (if equipped) <b>N/A</b>	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarkers lamps (if required)	X		22. Fire extinguisher (minimum 4B:C)	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
6. Rigid or pneumatic splints (4)	X		19. Blood pressure cuff, manometer, stethoscope	X	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	X		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X	
8. Oxygen and regulators, portability required	X		21. Bedpan or fracture pan	X	
9. Sterile bandage compresses (4 - 3" x 3")	X		22. Urinal	X	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	X	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X				
12. Bandage shears	X				
13. Universal dressings (2 - 10" x 30" or larger)	X				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years		X		14. Employment date		X	
2. Date, time, location, and identity of call taker		X		15. Copy of driver license		X	
3. Name of requesting person or agency		X		16. Copy of ambulance driver certificate		X	
4. Unit ID, personnel dispatched, and record of red light/siren use		X		17. Copy of medical exam certificate		X	
5. Explanation of failure to dispatch		X		18. Copy of EMT certificate or medical license		X	
6. Dispatch time, scene arrival time, and departure time		X		19. Work experience summary		X	
7. Destination of patient; arrival time		X		20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		X	
8. Name or other identifier of patient transported		X		21. Personnel enrolled in the DMV Pull Notice System		X	
COMPANY INSPECTION		YES	NO				
9. Company principals verified		X					
10. One or more ambulances available 24 hours		X					
11. Fees posted/current		X					
12. Financial responsibility		X					
13. 24-hour direct telephone service		X					

VEHICLE INSURANCE CARRIER'S NAME <b>HUDSON INS. CO.</b>	POLICY NUMBER <b>NAA0000522</b>	POLICY EXPIRATION DATE <b>10/01/23</b>
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>[Signature]</b>	ID NUMBER <b>21813</b>	LOCATION CODE <b>125</b>	DATE <b>4/13/23</b>
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>MOOPA VALLEY TRIBE / MOOPA AMBULANCE TRIBE</b>	COMPANY LICENSE NUMBER <b>2182</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2019 FORD F350</b>
SERVICE ADDRESS (number and street) <b>PO BOX 1288</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDLF3HTXKDA19815</b>
(city, state, and zip code) <b>MOOPA CA 95546</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>631 0225W</b>
		VEHICLE CERTIFICATE NUMBER <b>16568</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate (annuals/compliance only)	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher (if equipped) <b>N/A</b>			19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarkers lamps (if required)	X		22. Fire extinguisher (minimum 4B:C)	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
6. Rigid or pneumatic splints (4)	X		19. Blood pressure cuff, manometer, stethoscope	X	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	X		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X	
8. Oxygen and regulators, portability required	X		21. Bedpan or fracture pan	X	
9. Sterile bandage compresses (4 - 3" x 3")	X		22. Urinal	X	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	X	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X				
12. Bandage shears	X				
13. Universal dressings (2 - 10" x 30" or larger)	X				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							


VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	21319	125	4/19/23

DESTROY PREVIOUS EDITIONS

# Hoopa AMBULANCE

Po box 1288/535 airport RD

Hoopa ca, 95546

April 10, 2022

Quarterly Report 1st Quarter 2022

Hoopa Ambulance continues to pursue opportunities for quality improvement in all areas of our service. Following is a summary of activities according to the categories identified in the Quality Improvement Program (QIP).

## PERSONNEL

All ambulance personnel maintained current certifications/licenses as required by applicable regulations. All paramedics are currently certified in ACLS, PALS, NRP, Low Angle Rescue and PHTLS. WE provide our own in-house instructors for ACLS, PALS, and Low Angle Rescue Training.

As far as ALS coverage, Hoopa is holding their own even with high turnovers of Employees. We are losing Employees to AMRA and City Ambulance. Due to the high Gas prices and their higher pay rate it is an easy transaction for the crew that lives on the coast to be persuaded to jump ship.

KMC is entertaining the thought of holding an EMT -1 class for our local's community. We are hoping to spark some interest. After speaking to the Hoopa CR branch this could be possible. We are seeking funding through CR and Grants. We are hoping this will only strengthen our EMT employment personnel in our rural/wilderness area.

Hoopa is a sovereign nation because of that we have many Tribal entities. This included tribal police/ dispatch, Tribal school programs, OES. CR branch, KMC, and many more programs of the Hoopa tribe.

KMC Ambulance currently has 3 FTO's and 2 Paramedic students in the CR program.

## EQUIPMENT and SUPPLIES

### Vehicles

Hoopa has established a high-tech radio tower and a digital radio system, we are awaiting other funding to have our own CAD system. We are currently using a GPS and local dispatch and officer to locating residents.

All ambulances are on a maintenance program that requires varying levels of inspection and servicing based on mileage at 5,000-7,000-mile intervals. All 4 of our units are 4x4, our unit are able to plug into a 30-amp shoreline to ensure that the rig and equipment remains at the regulated Temp.

Due to NCEMS optional scope, Hoopa is able to carry a few more essential meds that could make a different in-patient care due to our long transports. KMC has their own stock room including meds, we will be only using MRCH restocking policy on a as needed bases. 20 % extra add handling fee is a little extreme. Not sure why we cannot freely restock the items we use, when we deliver a PT to MRCH.

## DOCUMENTATION

A Prehospital Care Report (PCR) was written on all calls with patient contact, including inter-facility transfers and non-transport. KMC has a data program that gives our medical Board a clear picture of the types of calls we ran. We also use the data for Measure Z. This helps fund the Willow CR area. Every call is reviewed by the director of operations, that is myself, critique and feedback play a big part in the CQI and QIP program, Morning chats with the off going and oncoming crews, this makes it more personalized.

There is a daily check off sheet and inspection for each unit and narc log.

## TRANSPORTATION/FACILITIES

Hoopa Ambulance is a 911 system, that being said the ambulance crew are no strangers to unexpected medical and traumatic injuries, dive ups.

## PUBLIC EDUCATION and PREVENTION KMC

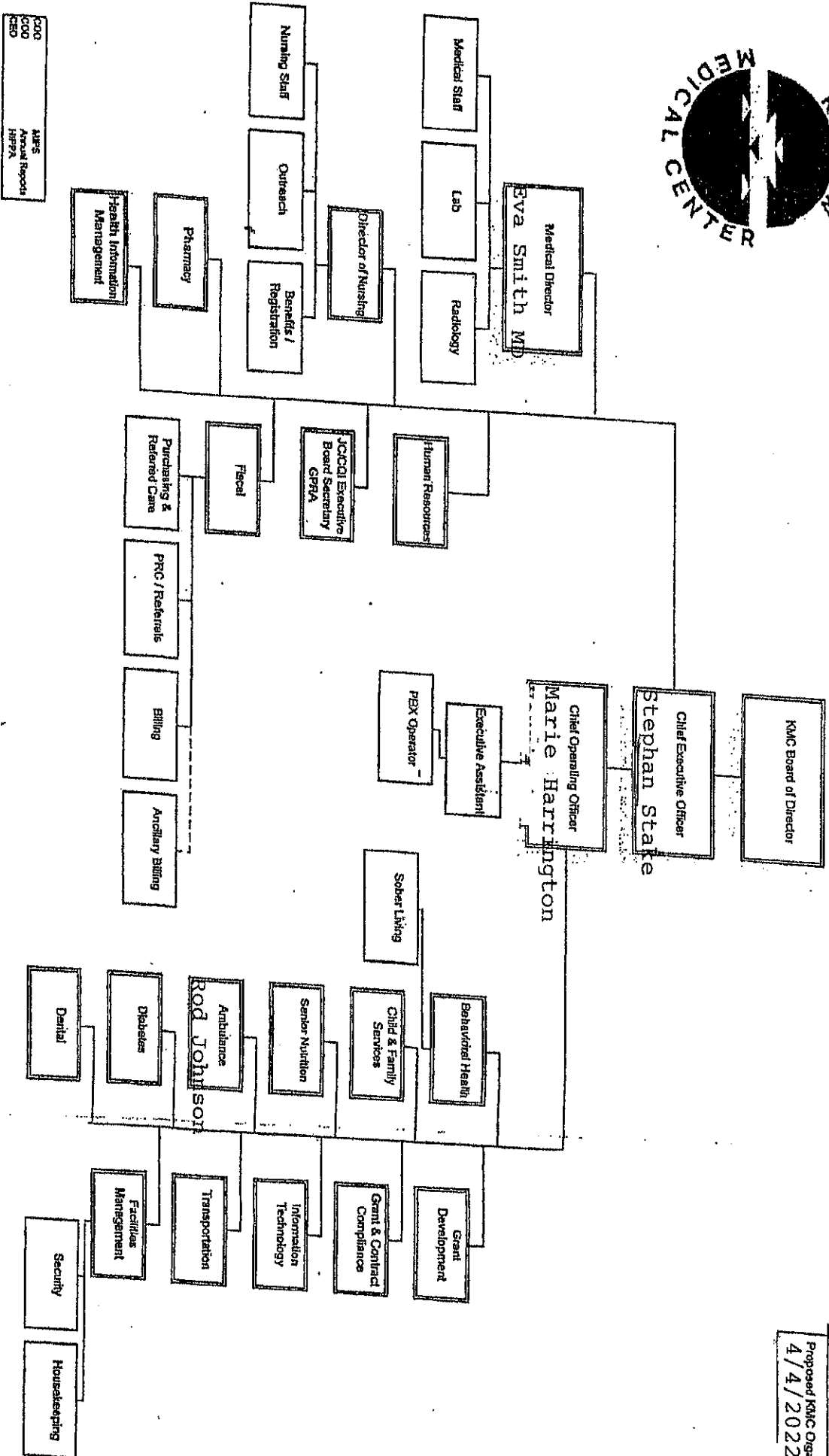
Ambulance receive a large grant for training, prevention, and community awareness. Through this program we have distributed 18 AED's and provided CPR and 1<sup>st</sup> Aid training to the Hoopa area. We also have onsite training manikins Adult, Child, Infant that are here for our staff to improve their skills. Narcotic awareness and Narcan class have been held, KMC Ambulance also joined the NCEMS Narcan hand out program along with other programs our Ambulance crews have handed out over 100 + Narcan kits, this includes are entire service area. COVID is finely slowed down some we will be visiting the local schools again both in the Hoopa and the Willow CR area. We will be taking the ambulance to the schools for show and tell and handing out Emergency awareness color book/crayons. Hoopa. KMC Ambulance will be attending the Annual Health fair and the educational recruitment program for the Hoopa High School in our local area.

## RISK MANAGEMENT

All crews continue daily temperature checks upon reporting to work. N-95 masks are still required for patient contact. Hoopa and KMC still requires the use of a face shield, KMC crews are fully vaccinated.

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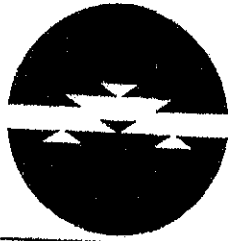
Hoopla tribe and KMC has a will devolved OES Emergency system. KMC HR provides us with ongoing training and awareness classes. There are over 27 Online health stream training classes that the EMS crew has to participate in each year.



COO  
KCOO  
CEO  
MARS  
Annual Reports  
HARR

Proposed KMC Organizational C  
4/4/2022





# K'ima:w Medical Center

P.O. Box 1288, Hoopa, California 95546

Telephone (530) 625-4261

Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

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**All Paramedics and EMT-1's are required by the CA Emergency Medical Services Authority and North Coast EMS to have completed at least 48 hours/paramedic and 48 hours/EMT-1 of Continuing Education. Title 22 Division 9, Chapter 3-2.**

**K'ima:w Medical Center requires paramedics and EMT-1's to have 48 hours of Continuing Education every 2 years for a State License or 72 hours if they have National Registration. Our training includes CPR, PALS, PHTLS, ACLS, low angle rope rescue training and Health Stream.**

**Rod Johnson, EMS Director**

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## EMT/Paramedic CE

CE Home > Emergency Medical Services > State CE Requirements > California

### States

- > Alabama
- > Alaska
- > Arizona
- > Arkansas
- > California
- > Colorado
- > Connecticut
- > Delaware
- > District of Columbia
- > Florida
- > Georgia
- > Hawaii
- > Idaho
- > Illinois
- > Indiana
- > Iowa
- > Kansas
- > Kentucky
- > Louisiana
- > Maine
- > Maryland
- > Massachusetts
- > Michigan
- > Minnesota
- > Mississippi
- > Missouri
- > Montana
- > Nebraska
- > Nevada
- > New Hampshire
- > New Jersey
- > New Mexico
- > New York
- > North Carolina
- > North Dakota
- > Ohio
- > Oklahoma
- > Oregon

### California Emergency Medical Services Authority R

Paramedic (EMT-P) licenses expire the last day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 2, Article 5, 1797.194(c).

Advanced EMT certificates expire the final day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 3, Article 4 § 100123(l). EMT certificates expire the last day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 2, Article 4 § 100079(e). The State of California does not certify, but recognizes the local EMS agency and other authorized certifying entities.

#### Requirements for Paramedics:

48 hours every two years. CCR, Title 22, Division 9, Chapter 4, Article 6 § 100167(2)

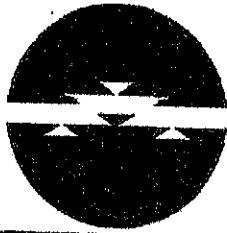
#### Requirements for Advanced EMTs:

36 hours every two years. CCR, Title 22, Division 9, Chapter 3, Article 4 § 100124(t)

#### Requirements for EMTs:

24 hours every two years. EMTs may either complete a 24-hour refresher course or 24 hours of continuing education. CCR, Title 22, Division 9, Chapter 2, Article 5 § 100079(e)

For more information visit: California Emergency Medical Services Authority



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*C. Collier L. 0120 67.58*

## HOOPA AMBULANCE LISTING OF CHARGE

- BLS BASE RATE .....A0429- \$1200.00
- EMERGENCY ..... INCLUDED IN BASE RATE
- DRESSINGS .....INCLUDED IN BASE RATE
- STERILE WATER .....INCLUDED IN BASE RATE
- DISPOSABLES ..... INCLUDED IN BASE RATE
- OFF PAVED ROADS ..... INCLUDED IN BASE RATE
- RESTRAINTS .....INCLUDED IN BASE RATE
- URINAL/FRACTURE PAN .....INCLUDED IN BASE RATE
  
- ALS BASE RATE ..... A0427-\$1900.00
- ELECTROCARDIOGRAM ..... 93041 (3 LEAD) \$32.68/93005 (12 LEAD) \$90.92
- EMERGENCY .....INCLUDE D IN BASE RATE
- IV INITIATION AND MAINTENANCE ..... A0394-\$84.00
- DRESSINGS ..... INCLUDED IN BASE RATE
- STERILE WATER .....INCLUDED IN BASE RATE
- DISPOSABLES ..... INCLUDED IN BASE RATE
- OFF PAVED ROAD ..... INCLUDED IN BASE RATE
- RESTRAINTS ..... INCLUDED IN BASE RATE
- URINAL/FRACTURE PAN ..... INCLUDED IN BASE RATE
  
- ALS2 BASE RATE ..... A0433-\$1950.00
- EMERGENCY ..... INCLUDED IN BASE RATE
- ELECTROCARDIOGRAM .....93041 (3 LEAD)\$32.68/93005(12 LEAD)\$90.92
- IV INITIATION AND MAINTENANCE .....A0394-\$84.00
- DRESSINGS ..... INCLUDED IN BASE RATE
- STERILE WATER ..... INCLUDED IN BASE RATE
- DISPOSABLES ..... INCLUDED IN BASE RATE
- OFF PAVED ROAD ..... INCLUDED IN BASE RATE
- RESTRAINTS .....INCLUDED IN BASE RATE
- URINAL/FRACTURE PAN ..... INCLUDED IN BASE RATE
  
- BLS/ASL/ALS2 GROUND MILEAGE PER MILE .....A0425-\$30.40
- ELECTROGRAM ..... 93041(3 LEAD)\$32.68/93005(12 LEAD)\$90.92
- EXTRA ATTENDANT ..... A0424-\$125.00
- STANDBY .....A0420 PER HALF HOUR INCREMENTS
- SPINAL IMMOBILIZATION ..... A0999-\$125.00
- OXYGEN ..... A0422-\$150.50
- HOT/COLD PACK ..... A0999-\$10.00
- NIGHT CALL .....PARTNERSHIP AND MEDICAL UJ MODIFER
- DRY RUN .....PARTNERSHIP AND MEDICAL A0492-\$1200/A0998-\$480.00

MODIFIERS USES:S-SCENE,R-RESIDENCE,H-HOSPITAL,P-PHYSICIAN OFFICE,I-HAND OFF SITE

CURRENT CHARGES AS OF 7/26/2018  
CAROLYN LEWIS/AMBULANCE BILLING

*No changes 2023*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/29/2022

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).


<b>PRODUCER</b> Alliant Insurance Services, Inc. P.O. Box 609015 San Diego, CA 92160	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(858) 505-4000</b>		<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  <b>Hoopa Valley Tribal Council</b> <b>PO Box 218</b> <b>Hoopa, CA 95546</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Hudson Insurance Company</b>		<b>25054</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

**COVERAGES** **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>no gen agg applies</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NAA0000522	10/1/2022	10/1/2023	EACH OCCURRENCE	\$ 10,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
							MED EXP (Any one person)	\$ Included
							PERSONAL & ADV INJURY	\$ 10,000,000
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 10,000,000
							<b>SIR</b>	\$ 100,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NAA0000522	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NAA0000522	10/1/2022	10/1/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder, its officers, officials, employees and volunteers are hereby named as an additional insured as respects Ambulance Service Permit.  
 Waiver of Subrogation applies per policy form Rev. ALA 001 (Ed. 07/2016) Condition O. **WAIVER OF SUBROGATION:** This policy shall not be invalidated if the Assured, by written agreement, has waived or shall waive its right of recovery from any party for "loss" and/or "expense" covered hereunder; provided that any such waiver is made prior to the happening of the "occurrence" giving rise to such "loss" and/or "expense". Workers Compensation is endorsed to contain a waiver of subrogation against the certificate holder, its officers, agents and employees.

<b>CERTIFICATE HOLDER</b>  County of Humboldt Attn: Risk Management 825 5th Street Room 131 Eureka, CA 95501	<b>CANCELLATION</b>  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 
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