



# AMBULANCE REGULATORY LICENSE APPLICATION

**CITY OF ALTON, ILLINOIS**

**Cameo C. Foster • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [cfoster@cityofaltonil.com](mailto:cfoster@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

**Fee: \$25.00**

Name of Applicant: \_\_\_\_\_  
*First, Middle, Last*

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cellular: \_\_\_\_\_

BUSINESS OWNER (*If different than applicant*): \_\_\_\_\_

BUSINESS OWNER ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

Trade Name of Firm: \_\_\_\_\_

AMBULANCE(S) LOCATION: \_\_\_\_\_

I certify that all information given is true and correct to the best of my knowledge and belief; that I am (we are) qualified to receive the regulatory certificate applied for herein; and that I (we) will comply with all laws of the United States, the State of Illinois and ordinances of the City of Alton.

**RETURN TO:**  
City of Alton, Illinois  
Treasurer's Officer – Business Regulatory Officer  
101 East Third Street – Suite 102  
Alton, Illinois 62002  
Phone: (618) 463-3540  
Fax: (618) 463-3520

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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



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## SECTION I:

### Description of ambulances or invalid coach:

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Length of time in use: \_\_\_\_\_ Color: \_\_\_\_\_

Insignia: \_\_\_\_\_ Monogram: \_\_\_\_\_

Other Identity: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Length of time in use: \_\_\_\_\_ Color: \_\_\_\_\_

Insignia: \_\_\_\_\_ Monogram: \_\_\_\_\_

Other Identity: \_\_\_\_\_

3. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Length of time in use: \_\_\_\_\_ Color: \_\_\_\_\_

Insignia: \_\_\_\_\_ Monogram: \_\_\_\_\_

Other Identity: \_\_\_\_\_

4. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Length of time in use: \_\_\_\_\_ Color: \_\_\_\_\_

Insignia: \_\_\_\_\_ Monogram: \_\_\_\_\_

Other Identity: \_\_\_\_\_



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## PRINT OR TYPE ONLY

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

Company: \_\_\_\_\_ Type Vehicle: \_\_\_\_\_

Vehicle Type: Ambulance \_\_\_\_\_ Fleet Number: \_\_\_\_\_

Invalid Coach \_\_\_\_\_

VIN #: \_\_\_\_\_

## DRIVER COMPARTMENT

### SECTION II:

General Appearance: \_\_\_\_\_

SWITCHES & CONTROL DEVICES (Identified & Permanently Marked): \_\_\_\_\_

Exterior Lights \_\_\_\_\_ Interior Lights \_\_\_\_\_

Communication \_\_\_\_\_ Emergency Master Switch \_\_\_\_\_  
(Optional)

Environmental Equipment \_\_\_\_\_ Driving Instruments \_\_\_\_\_

Siren \_\_\_\_\_ Dual Battery Selector \_\_\_\_\_  
(Optional)

Outside Rearview Mirrors with Wide Angle in Lower/Upper Portion: \_\_\_\_\_

### STANDARD EQUIPMENT FOR COMPARTMENT

Dual Sun Visors Padded \_\_\_\_\_ Oil Pressure Gauge \_\_\_\_\_

Arm Rests (if available) \_\_\_\_\_ Engine Temperature Gauge \_\_\_\_\_

Ventilation \_\_\_\_\_ Speedometer \_\_\_\_\_  
(In Tach is Acceptable)

Key-Operated Ignition Switch \_\_\_\_\_ Environmental Controls \_\_\_\_\_

Ammeter and/or Voltmeter \_\_\_\_\_ Drivers Shoulder Harness \_\_\_\_\_  
(Optional)

Dual Outside Mirrors \_\_\_\_\_ Tinted Windshield \_\_\_\_\_

Cab Lighting and Controls \_\_\_\_\_

### TYPE-I – AMBULANCE

Weathertight Bellows between Cab and Compartment: \_\_\_\_\_

### TYPE-II – AMBULANCE

Sliding Type Window for Partition Opening: \_\_\_\_\_

### MANDATORY MISCELLANEOUS EQUIPMENT

One Fire Extinguisher (DRY CHEM / 5LB): \_\_\_\_\_

No Smoking Sign: \_\_\_\_\_

Data and Caution Plates (Embossed / Permanent): \_\_\_\_\_



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### PATIENT COMPARTMENT

#### SECTION III:

Litters with Patient Head Forward: \_\_\_\_\_

Wheeled Elevating Cot (Prim): \_\_\_\_\_

#### LIGHTING (Non-Glare to Driver's Compartment)

Overhead or Dome Lighting: \_\_\_\_\_ Step Well Light: \_\_\_\_\_ Switch Panel Lighting: \_\_\_\_\_

Blue Lights or Lens shall NOT BE USED in Patient Compartment: \_\_\_\_\_

#### SWITCHES (for Technician at Patient's Head) (ON—OFF)

Interior Lights: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_ Heating: \_\_\_\_\_

Communication: \_\_\_\_\_ A/C 110 Volt Power: \_\_\_\_\_ Ventilation: \_\_\_\_\_

(Optional)

#### TECHNICIAN SEATING

Safety belt: \_\_\_\_\_

Seat (Min.) 18" X 18": \_\_\_\_\_

Seat from Floor (12"-18"): \_\_\_\_\_

Head of Primary Patient: \_\_\_\_\_

#### DIMENSIONS

116" Length or More: \_\_\_\_\_

25" - 30" Space from Tech's Backrest to Edge of Cot: \_\_\_\_\_

Width 15½" w/Cot (TYPE-I) Walkway: \_\_\_\_\_

Width 12" w/Cot (TYPE-II) Walkway: \_\_\_\_\_

Kneeling Space 25" at Head – Primary Patient: \_\_\_\_\_

Height – Minimum 54" (Floor-to-Ceiling): \_\_\_\_\_

Width Total 96" Max.: \_\_\_\_\_

#### INTERIOR SURFACES

Cabinets Free of Projections: \_\_\_\_\_ ¼" Lip Inside: \_\_\_\_\_

Beaded, Chamfered Edges: \_\_\_\_\_ ½" Lip Surfaces: \_\_\_\_\_

Two (2) Near Flush I.V. Ceiling Holders: \_\_\_\_\_

#### INTERIOR STORAGE

Min 30 cu. ft. Enclosed Cabinetry: \_\_\_\_\_ No under Floor Cabinets under Cots: \_\_\_\_\_

O<sub>2</sub> Cylinder w/3 Restraining Straps & Wrench: \_\_\_\_\_

(Note: Above May Be Exterior w/Technician Viewing Available From Seat)

#### SQUAD BENCH

Squad Bench: \_\_\_\_\_ w/Secure Fastening to Vehicle: \_\_\_\_\_

#### MANDATORY MISCELLANEOUS EQUIPMENT

No Smoking Sign: \_\_\_\_\_

Overhead Grab Rail: \_\_\_\_\_

Floor and Side Panel Meeting Covered: \_\_\_\_\_



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### VEHICLE EXTERIOR

#### SECTION IV:

#### LIGHTING

Headlights: _____	Parking Lights: _____	Directionals: _____
Tail and Stop: _____	Sidemarkers: _____	License Lamp: _____
Back-Up: _____	Hazard Warning: _____	Clearance: _____
Beacon (360 degrees): _____	Spot Lights: _____	Flood: _____
Strobe: _____	Clear 888: _____	(Not Acceptable-Prohibited)

#### BUMPERS AND STEPS

Front and Rear (Full Width): \_\_\_\_\_

Non-Skid Step (Rear) (Required if 18" from Ground-to-Floor): \_\_\_\_\_ (Min. 5" in Depth)

#### FLOOR NOT MORE THAN 33" FROM GROUND

Sheet Metal Min. 20 Gauge: \_\_\_\_\_

Reinforced Marine Ply 3/4" or More: \_\_\_\_\_

Skid Resistant Vinyl 1/16" or More: \_\_\_\_\_

#### DOORS / WINDOWS

2-DOOR OPENING (DISCOUNT DRIVERS COMPARTMENT): \_\_\_\_\_

Rear Opening: \_\_\_\_\_ (One or Two) 50" Wide X 46" High: \_\_\_\_\_

Side Opening: \_\_\_\_\_ 30" Wide X 54" High: \_\_\_\_\_

Rear Windows Stationary: \_\_\_\_\_ Easy Release Doors: \_\_\_\_\_

Door Stops on Vehicle Body: \_\_\_\_\_ Viewing Panel and Doors Only: \_\_\_\_\_

#### FENDERS OVER ALL WHEELS AND TIRES / WHEEL HOUSING

Splash Shields: \_\_\_\_\_ Ease-In Tire Removal: \_\_\_\_\_

No Electrical Wires: \_\_\_\_\_ No Heat / Air Hoses: \_\_\_\_\_

Mud Guards (TYPE-I Only): \_\_\_\_\_ Fenders over all Wheels and Tires: \_\_\_\_\_

#### PAINT

Paint (Matches Color Chips): \_\_\_\_\_

#### EMBLEMS / MARKINGS (THE WORD "RESCUE" MAY NOT BE USED!!)

FRONT: Word "AMBULANCE" (Mirror Image): \_\_\_\_\_  
Star of Life: \_\_\_\_\_

SIDE: Word "AMBULANCE" (6" HIGH): \_\_\_\_\_

&

REAR: STAR OF LIFE (May be on Window): \_\_\_\_\_  
or Cross (prior 1973) \_\_\_\_\_

TOP: STAR OF LIFE (May be on Window): \_\_\_\_\_  
or Cross (prior 1973) \_\_\_\_\_



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### VEHICLE EXTERIOR

#### ROOF

Siren: \_\_\_\_\_ Warning Lights: \_\_\_\_\_ Public Address: \_\_\_\_\_  
Tunnel Light: \_\_\_\_\_

#### UNDERCARRIAGE

Rust Resistant Fasteners: \_\_\_\_\_  
Heavy Rubber or Anti-Squeak Material between Body Frame and Chassis: \_\_\_\_\_  
TYPE-I No Welding of Body to Chassis: \_\_\_\_\_

#### PATIENT CARE EQUIPMENT

Oxygen – Piped – Minimum of 1 Outlet w/Humidifier Flowmeter and Delivery Tube: \_\_\_\_\_  
Portable Oxygen – D or E Cylinder w/ Regulator and Deliver Tube (1 ea.): \_\_\_\_\_  
Extra Oxygen Cylinder D or E size (1 ea.): \_\_\_\_\_  
Oxygen Mask (2 ea.):            Adult: \_\_\_\_\_ Child: \_\_\_\_\_ Infant: \_\_\_\_\_  
Suction Pipe: \_\_\_\_\_  
Suction Portable – Electric, Battery and Foot Operated (1 ea.): \_\_\_\_\_  
Pillow(s): \_\_\_\_\_ Pillowcase(s): \_\_\_\_\_ Sheet(s): \_\_\_\_\_  
Towels: \_\_\_\_\_ Emesis Bags: \_\_\_\_\_ Tissue: \_\_\_\_\_  
Bed Pan: \_\_\_\_\_ Thermometer: \_\_\_\_\_ Disp. Drinking Cup: \_\_\_\_\_  
Sand Bags: \_\_\_\_\_ Blankets: \_\_\_\_\_ Stethoscope: \_\_\_\_\_  
Short Spine Board w/Accessories: \_\_\_\_\_ Sterile 4x4 Dressings: \_\_\_\_\_  
Long Spine Board w/Accessories: \_\_\_\_\_ Adhesive Tape: \_\_\_\_\_  
Aneroid Blood Pressure Cuff: \_\_\_\_\_ Inflatable Splints (or Equivalent): \_\_\_\_\_  
Extremity Traction Splint w/Padded Ankle-Hitch) Hinged, Half, Ring, Lower: \_\_\_\_\_  
Padded Board Splints for Upper and Lower Extremities or Equivalent: \_\_\_\_\_  
Universal Dressing (8"x30"): \_\_\_\_\_ Aluminum Foil Sterile: \_\_\_\_\_ Safety Pins: \_\_\_\_\_  
Aneroid Blood Pressure Cuff: \_\_\_\_\_ Inflatable Splints (or Equivalent): \_\_\_\_\_  
Gauze Roll Sterile Self-Adhering (Kling): \_\_\_\_\_ Burn Sheets (Sterile): \_\_\_\_\_  
Litter, Wheeled, Multi-Level Stair Chair: \_\_\_\_\_ Portable Stretcher: \_\_\_\_\_  
Emergency Childbirth Kit (Sterile): \_\_\_\_\_ Poison Treatment Supplies: \_\_\_\_\_  
S-Tube Airway for:            Adult: \_\_\_\_\_ Child: \_\_\_\_\_ Infant: \_\_\_\_\_  
Bag-Mask Resuscitator w/mask for: Adult: \_\_\_\_\_ Child: \_\_\_\_\_ Infant: \_\_\_\_\_  
Oropharyngeal Airway:            Adult: \_\_\_\_\_ Child: \_\_\_\_\_ Infant: \_\_\_\_\_  
Padded Tongue Blades or Equivalent Mouth Gags: \_\_\_\_\_  
Bandage Shears (6" Min.): \_\_\_\_\_ Sterile Solution for Wetting Dressing: \_\_\_\_\_

#### COMMENTS

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