



NOTICE OF CHANGES for a BUSINESS REGULATORY LICENSE

CITY OF ALTON, ILLINOIS

Cynthia A. Roth • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

Fax: (618) 463-3520

E-mail: croth@cityofaltonil.com

Website: www.cityofaltonil.com

Fee: \$25.00

AMBULANCE REGULATORY LICENSE APPLICATION

– CITY OF ALTON, ILLINOIS –

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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CITY OF ALTON, ILLINOIS

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: _____
O₂ 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
