2015 APPLICATION FOR NON-EMERGENCY TRANSFER SERVICE PERMIT

(Must be filed with the City Secretary before December 31)

CITY OF BRYAN
The Good Life, Texas Style.™

Name of Company: _____

Address of Company: _____

Telephone Number: _____

E-Mail Address: _____

☐ **CORPORATION (list name and address of major officers and major stockholders)**

☐ **PARTNERSHIP (list name and address of partners)**

☐ **SOLE PROPRIETORSHIP (list name and address owner)**

Name:	**Address:**

DESCRIBE THE NUMBER, MAKE, AND MODEL OF ALL VEHICLES TO BE OPERATED UNDER THIS PERMIT:

No.	**Make**	**Model**

FURNISH THE LOCATION FROM WHICH APPLICANT PROPOSES TO OPERATE, DISPATCH AND DISEMBARK THE SERVICE.

_____

_____

FURNISH THE NAMES, ADDRESSES AND QUALIFICATIONS OF ALL DRIVERS:

Name_____

Address_____

Age_____ TDL#_____

Name_____

Address_____

Age_____ TDL#_____

Name_____

Address_____

Age_____ TDL#_____

Name_____

Address_____

Age_____ TDL#_____

Name_____

Address_____

Age_____ TDL#_____

Name_____

Address_____

Age_____ TDL#_____

DESCRIBE THE SERVICE TO BE OFFERED UNDER THE PERMIT:

☐ **Non-emergency transfer service in the Bryan city limits, and emergency transfer to out-of-town locations**

_____

_____

_____

_____

_____

ATTACH A LIST OF ALL RADIO AND TELEPHONE EQUIPMENT TO BE USED IN THE OPERATION OF THE SERVICE.

ATTACH AN ORIGINAL CERTIFICATE OF INSURANCE.

ATTACH A SCHEDULE OF RATES TO BE FOLLOWED.

I agree to the following and make the following statements as a part of this application.

1. I have not been convicted of a felony or a crime involving moral turpitude within the last five (5) years.

2. I will obtain the necessary permits and have the vehicles operated and equipped as provided in Chapter 773, Subchapter C, Texas Health and Safety Code. Attached are photocopies of such permits.

3. Each emergency vehicle, when in service, shall be accompanied by personnel certified by the Texas Department of Health as required to operate said vehicle under the Texas Health and Safety Code Chapter 773, Subchapter C.

I swear that the above statements are true and correct.

Date: _____ Operator: _____

(To be submitted with a $50 application fee.)

On the _____ day of _____, 20_____, the City of Bryan approved a Nonemergency Transfer Permit for _____(operator) located at _____ (address) for the purpose of providing nonemergency transfer service and to operate _____ (number) vehicles in the City of Bryan, Texas, commencing on _____, 20_____, and terminating on _____, 20_____.

The operator has paid all fees for the applicable fiscal year, furnished a certificate showing the requisite insurance coverage, and complied with all other requirements which are required to obtain this permit.

The operator accepts this permit and agrees to comply with all City ordinances, State and Federal laws.

Executed on the _____ day of _____, 20_____.

_____
Operator

APPROVED:

_____
Mary Lynne Stratta, City Secretary

_____
Randy McGregor, Fire Chief

APPROVED AS TO FORM:

_____
Janis K. Hampton, City Attorney