



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ANNEXURE A - FORM 1: EMS LICENCE APPLICATION

Application for rendering Emergency Medical Services in the Republic of South Africa

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

This form must be completed in English

A COMPANY DETAILS
(details of registered company)

1 Name of Company

2 Registration Number

3 Tax certificate number

4 **Contact Details**

Telephone number during day -

Code Number

Telephone number during night -

Code Number

Facsimile number -

Code Number

Mobile (Cellular) telephone number -

Code Number

Email address

Postal Address

Suburb
City/Town
Province/State

Postal code

Street Address

Suburb
City/Town
Province/State

Postal code

5 Address where mail is sent (mark with X) postal street email

B	MANAGER/PROXY DETAILS (details of responsible person for company)
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6 Name of Person

7 Identification/Passport Number

8 Country of Origin
(if foreign national)

9 **Contact Details**

Telephone number during day -
Code Number

Telephone number during night -
Code Number

Facsimile number -
Code Number

Mobile (Cellular) telephone number -
Code Number

Email address

Street Address

Suburb
City/Town
Province/State Postal code

C	EMERGENCY MEDICAL SERVICE DETAILS (details of service being applied for)
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10 Service name
(if different to registered company name)

11 **Contact Details** (if different to registered company)

Telephone number during day -
Code Number

Telephone number during night -
Code Number

Mobile (Cellular) telephone number -
Code Number

Email address

Street Address

Suburb
City/Town
Province/State Postal code



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ANNEXURE A - FORM 2: STATION DETAILS

Application for rendering Emergency Medical Services in the Republic of South Africa

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

One application form is to be completed **per** station

This form must be completed in English

A STATION DETAILS
(details of base of operation)

1 Name of Service [Grid]

2 Location
Street Address [Grid]
Suburb [Grid]
City/Town [Grid] Postal code [Grid]
Province/State [Grid]

3 GIS Coordinates S [Grid] E [Grid]

Telephone number during day [Code] - [Number]
Telephone number during night [Code] - [Number]
Facsimile number [Code] - [Number]
Mobile (Cellular) telephone number [Code] - [Number]

B TYPE OF SERVICE
(mark with an X)

4 BLS ILS ALS
RESCUE AVIATION MARITIME

TURN OVER FOR PART C

C	EMERGENCY VEHICLE DETAILS (number and class of emergency vehicles as defined in Annexure C)
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5	LAND					
	Type	Class	Number		Class	Number
	Rescue vehicle	<table border="1" style="width: 30px; height: 20px;"></table>	<table border="1" style="width: 30px; height: 20px;"></table>	Response vehicle	<table border="1" style="width: 30px; height: 20px;"></table>	<table border="1" style="width: 30px; height: 20px;"></table>
	Ambulance	<table border="1" style="width: 30px; height: 20px;"></table>	<table border="1" style="width: 30px; height: 20px;"></table>			

6	AIR	7	SEA
	AIRCRAFT		BOATS
	Ambulance		Ambulance
	<table border="1" style="width: 30px; height: 20px;"></table>		<table border="1" style="width: 30px; height: 20px;"></table>
	<table border="1" style="width: 30px; height: 20px;"></table>		<table border="1" style="width: 30px; height: 20px;"></table>

8	Total number of emergency vehicles	<table border="1" style="width: 30px; height: 20px;"></table>
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D	EMERGENCY SERVICES PERSONNEL (number and qualification of emergency vehicles personnel)
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9	BAA	<table border="1" style="width: 30px; height: 20px;"></table>	AEA	<table border="1" style="width: 30px; height: 20px;"></table>	CCA	<table border="1" style="width: 30px; height: 20px;"></table>	Doctor	<table border="1" style="width: 30px; height: 20px;"></table>	Manager	<table border="1" style="width: 30px; height: 20px;"></table>
	N Dip	<table border="1" style="width: 30px; height: 20px;"></table>	BTech	<table border="1" style="width: 30px; height: 20px;"></table>	ECT	<table border="1" style="width: 30px; height: 20px;"></table>	Nurses	<table border="1" style="width: 30px; height: 20px;"></table>	Volunteer	<table border="1" style="width: 30px; height: 20px;"></table>
	Other	<table border="1" style="width: 30px; height: 20px;"></table>	Specify	_____						

10	Total number of personnel	<table border="1" style="width: 30px; height: 20px;"></table>
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	DECLARATON
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I, _____, the company's manager/proxy do hereby

- a) declare that all the particulars furnished by me in this form are true and correct; and
- b) realise that a false declaration is punishable with a fine or one year imprisonment or both.

Signature	_____
Place	_____
Date	<table border="1" style="width: 100%; height: 20px;"></table>

C Y M D