



Disaster Response Network Provider Application

Name of Organization			
Mailing Address (Physical address, no P.O.s)		City	State
			Zip Code
Point of Contact		Title/Position	
Business Phone	24/7 Available Phone	Fax Phone	
Primary E-mail Address		Secondary E-mail Address	
State(s) Your Company is Licensed In	Type of Services Provided (check all that apply)		
	<input type="checkbox"/> ALS Ground Ambulance <input type="checkbox"/> BLS Ground Ambulance <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Paratransit		
Type of Provider			
<input type="checkbox"/> Private <input type="checkbox"/> Fire EMS <input type="checkbox"/> Hospital Based <input type="checkbox"/> 3 rd Service <input type="checkbox"/> Public Utility Model <input type="checkbox"/> Volunteer <input type="checkbox"/> Government <input type="checkbox"/> Other:			
Is Your Organization registered as a Small Business (less than 500 employees)?		Does Your Organization Follow an Equal Opportunity Employment Plan?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your Organization registered as any of the following with the Small Business Administration?			
<input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned <input type="checkbox"/> HUB Zone <input type="checkbox"/> Disadvantaged (Minority) <input type="checkbox"/> Not Applicable			
Is your organization, owners, directors or officers prohibited or excluded from participating in any federal programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Your Organization Nationally Accredited		Name(s) of Nationally Accrediting Body/Institution/Agency	
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Types of Services/Resources You Can Provide (check all that apply)			Estimated Quantity
<input type="checkbox"/> BLS Ground Ambulance & min. 1 EMT-B and 1 EMS Driver			
<input type="checkbox"/> ALS Ground Ambulance & min. 1 EMT-Paramedic and 1 EMT-B			
<input type="checkbox"/> ALS Bariatric Ambulance & min. 1 EMT-Paramedic and 1 EMT-B			
<input type="checkbox"/> ALS Med-Evac Bus (Minimum of 4 stretcher patients)			
<input type="checkbox"/> Paratransit Type 1: Minivan (non-ADA) 3-10 passengers			
<input type="checkbox"/> Paratransit Type 4: Minivan (ADA) 1 wheelchair and 1-5 passengers			
<input type="checkbox"/> Paratransit Type 2: Full Size Passenger van (non-ADA) 8-15 passengers			
<input type="checkbox"/> Paratransit Type 4: Full-size Passenger van (ADA) 1-2 wheelchairs and 2-15 passengers			
<input type="checkbox"/> Paratransit Type 2: Mini/Midi/Shuttle Bus (non-ADA) 14-35 passengers			
<input type="checkbox"/> Paratransit Type 5: Mini/Midi/Shuttle Bus (ADA) 1-3 wheelchairs and 8-30 passengers			
<input type="checkbox"/> Paratransit Type 3: Coach/Full-size/Transit Bus (non-ADA) 44-75 passengers			
<input type="checkbox"/> Paratransit Type 6: Coach/Full-size/Transit Bus (ADA) 1-3 wheelchairs and 35-70 pas.			
<input type="checkbox"/> Air ambulance & crew – fixed wing			
<input type="checkbox"/> Air ambulance & crew - helicopter			
<input type="checkbox"/> Supervisor vehicle & crew			
<input type="checkbox"/> Mobile Command Post			
<input type="checkbox"/> Dispatchers			
<input type="checkbox"/> Strike Team Leaders (completed formal NIMS/ICS training)			
<input type="checkbox"/> Task Force Leaders (completed formal NIMS/ICStraining)			
<input type="checkbox"/> Medical Director			
<input type="checkbox"/> EMT-Basic (crewmembers without ambulance)			
<input type="checkbox"/> EMT-Advanced (crewmembers without ambulance)			
<input type="checkbox"/> EMT-Paramedic (crewmembers without ambulance)			
<input type="checkbox"/> Critical care nurses			
<input type="checkbox"/> Fleet maintenance vehicle with mechanic			
<input type="checkbox"/> Vehicle service technicians / support services or logistics personnel			
<input type="checkbox"/> HazMat vehicle/trailer			
<input type="checkbox"/> Mass casualty vehicle/trailer			
<input type="checkbox"/> Other (details)			

Revised 1/19/11

Send completed form to: oeop@amr.net or fax to: (800) 216-1983. Inquiries, call (877) 567-4466. The AMR Office of Emergency Preparedness will contact you once this information is received.