



Emergency Response Network Provider Application



AMR is the official Federal EMS Contractor for FEMA

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 <input type="checkbox"/> Other		
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 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? (check all that apply)			
<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
<i>NOTE: Resource quantities must be adequate to provide continuous 24/7 operation</i>			
<input type="checkbox"/> BLS Ground Ambulance & crew (min. 1 EMT-Basic and 1 EMS Driver)			
<input type="checkbox"/> ALS Ground Ambulance & crew (min. 1 EMT-Paramedic and 1 EMT-Basic)			
<input type="checkbox"/> ALS Bariatric Ambulance & crew (min. 1 EMT-Paramedic and 1 EMT-Basic)			
<input type="checkbox"/> ALS Med-Evac Bus (Minimum of 4 stretcher patients)			
<input type="checkbox"/> Paratransit Minivan (non-ADA) 3-10 passengers (Type 1)			
<input type="checkbox"/> Paratransit Full Size Passenger van (non-ADA) 8-15 passengers (Type 2a)			
<input type="checkbox"/> Paratransit Mini/Midi/Shuttle Bus (non-ADA) 14-35 passengers (Type 2b)			
<input type="checkbox"/> Paratransit Coach/Full-size/Transit Bus (non-ADA) 44-75 passengers (Type 3)			
<input type="checkbox"/> Paratransit Minivan (ADA) 1 wheelchair and 1-5 passengers (Type 4a)			
<input type="checkbox"/> Paratransit Full-size Passenger van (ADA) 1-2 wheelchairs and 2-15 passengers (Type 4b)			
<input type="checkbox"/> Paratransit Mini/Midi/Shuttle Bus (ADA) 1-3 wheelchairs and 8-30 passengers (Type 5)			
<input type="checkbox"/> Paratransit Coach/Full-size/Transit Bus (ADA) 1-3 wheelchairs and 35-70 passengers (Type 6)			
<input type="checkbox"/> Fixed wing air ambulance & crew (ALS critical care)			
<input type="checkbox"/> Helicopter air ambulance & crew (ALS critical care)			
<input type="checkbox"/> Supervisor vehicle & crew			
<input type="checkbox"/> Mobile Command Post			
<input type="checkbox"/> Dispatchers			
<input type="checkbox"/> EMS Strike Team Leaders (completed formal NIMS/ICS training)			
<input type="checkbox"/> EMS Task Force Leaders (completed formal NIMS/ICStraining)			
<input type="checkbox"/> Physician Medical Director			
<input type="checkbox"/> EMT-Basic (crewmembers without ambulance) for fixed location support			
<input type="checkbox"/> EMT-Paramedic (crewmembers without ambulance) for fixed location support			
<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"/> EMS Incident Management Team Member (minimum training NIMS ICS 300 & 400 courses)			
<input type="checkbox"/> Other (details)			

Revised 10/29/13

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