



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services



### **INTENT TO PURCHASE OF EMERGENCY LICENSED OR CERTIFIED EMERGENCY MEDICAL SERVICE ORGANIZATION APPLICATION**

This form is to be completed by the intended Purchaser and submitted to the Department of Public Health at least 30 days prior to the intended date of purchase. The Purchaser is strongly encouraged to contact your [Regional EMS Coordinator](#) for any assistance you may require in completing this application. Please review [Connecticut State Regulation 19a-179-5\(e\) Change of Ownership for emergency medical service organizations holding a primary service area](#).

**The following must be included in the submission:**

1. Completed Intent to Purchase form with Attestation for each municipality included in the proposed transaction.
2. Required Attachments:
  - a. Detailed narrative description/explanation of what is included in the proposed transaction.
  - b. Geographical map of proposed service area.
  - c. Copy of all current PSA's assigned to the EMS Organization applicant intends to purchase.
  - d. Proof notification was sent to the municipality in town where business is being purchased.  
(A separate notification is required for each municipality included in the transaction.)

Submit the original application (including all required attachments) to the address below, to the attention of the [Regional EMS Coordinator](#).

*Please remember to retain a copy for your records.*

**Department of Public Health  
Office of Emergency Medical Services  
410 Capitol Avenue, MS#12EMS  
PO Box 340308  
Hartford, CT 06134-0308  
(860) 509-7975**



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### **INTENT TO PURCHASE FORM APPLICATION**

Pursuant to [CT State Regulation 19a 179-5\(e\)](#)

\_\_\_\_\_  
Applicant (Purchaser) Name

\_\_\_\_\_  
OEMS Certificate #

\_\_\_\_\_  
Name of Business to be Purchased

\_\_\_\_\_  
OEMS Certificate #

**Required Attachments:** (Please check of box for attachments provided)

**ATTACHMENT ONE: Description**

Provide a detailed narrative description/explanation of what is included in the proposed transaction

**ATTACHMENT TWO: Map of Proposed Service Area**

Provide a regional/geographical Map of Proposed Service Area

**ATTACHMENT THREE: Copy of all current PSAR's.**

Provide copy of all current PSAR's issued to the service you are intending to purchase.

**ATTACHMENT FOUR:** Proof notification was sent to the municipality in town where business is being purchased. (*A separate attestation form shall be used for each municipality included in the transaction.*)

**VEHICLES INCLUDED IN INTENDED PURCHASE:**

Provide the number of vehicles included in the intended transaction:

\_\_\_\_\_ Ambulances:

\_\_\_\_\_ Non-Transport Emergency

\_\_\_\_\_ Invalid Coach

**SIGNED ATTESTATION**

Provide a separate attestation form for each municipality included in the transaction.



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### **ATTESTATION for INTENT TO PURCHASE**

*NOTE: A separate attestation is required for each municipality included in the proposed transaction.*

\_\_\_\_ shall meet or exceed the performance standards to which the  
Purchaser  
\_\_\_\_, emergency medical service organization was obligated pursuant to  
Business to be purchased  
its agreement with the municipality. The undersigned also agrees to comply with all state laws and regulations  
governing licensing certification of the State of Connecticut, Department of Public Health Emergency Medical  
Service Organizations.

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**CEO of Purchaser Signature**

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**Date**

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**Printed Name**

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**Title**

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**CEO Of Municipality Signature**

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**Date**

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**Printed Name**

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**Title**