



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
Office of Emergency Medical Services



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**SALE OR TRANSFER OF OWNERSHIP OF A PRIMARY SERVICE  
AREA RESPONDER (PSAR) APPLICATION**

In accordance with [Conn. Gen. Stat. § 19a-181g](#), any person who intends to obtain ownership or control of more than fifty per cent of a Primary Service Area Responder's (PSAR) ownership interest or assets in a sale or transfer, must submit an application to the Department of Public Health.

**Instructions and approval process:**

Complete this application and attachments.

OEMS shall render a decision on the application within forty-five calendar days after receipt of the application. The commissioner shall consult with any municipality or sponsor hospital in the primary service area in making a determination on the application and may hold a hearing on the application.

The applicant and affected PSAR(s) shall receive written notification of such decision. OEMS shall notify the appropriate regional council(s) of the decision.

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**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Emergency Medical Services



APPLICANT INFORMATION

Official Legal Name:
Street Address:

Mailing Address:
(If different than above)

Chief Executive Officer:
Email:

Telephone Numbers: Business:
Fax:
Cell:

CURRENT PSAR INFORMATION

Official Legal Name:
Street Address:

Mailing Address:
(If different than above)

Chief Executive Officer:
Email:

Telephone Numbers: Business:
Fax:
Cell:

MUNICIPAL CHIEF ELECTED OFFICIAL INFORMATION

(Please include information for each affected municipality.
If more than one, use a separate sheet of paper.)

Official Legal Name:
Street Address:

Mailing Address:
(If different than above)

Chief Executive Officer:
Email:

Telephone Numbers: Business:
Fax:
Cell:

Table with 2 columns and 2 rows for administrative tracking: APP NUMBER, DIRECTOR SIGNATURE, REVIEWED BY, DATE REVIEW COMPLETE, DATE DIRECTOR DEEMED COMPLETE.



STATE OF CONNECTICUT
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Percent of ownership interest or assets to be sold or transferred \_\_\_\_\_ %

Has the current PSAR notified the Department of Public Health and the chief elected official or the chief executive officer of the municipality of the intended sale or transfer? YES NO
IF YES, include a copy of each notification.

ATTACHMENTS

Provide these as attachments. Be sure to use the numbering provided as they appear in each heading.

ATTACHMENT 1 - PRIMARY SERVICE AREA

This portion of the application must detail the boundaries of the Primary Service Area. If the coverage area is the official municipal boundary, so indicate and provide a map of the area. If the coverage area does not follow the official municipal boundary, provide both a narrative description, including GPS coordinates, and a map of the geographic area to be covered.

ATTACHMENT 2 - APPLICANT PERFORMANCE HISTORY

Provide performance history in Connecticut or any other state where you hold a license or certificate. This should include any disciplinary documentation, consent orders, or revocation.

ATTACHMENT 3 - PERFORMANCE EXPLANATION

Provide an explanation of how the Applicant will perform the responsibilities of the PSAR in accordance with the Local EMS Plan.

ATTACHMENT 4 - FINANCIAL INFORMATION

Provide proof of Applicant's financial ability to perform the responsibilities of the PSAR in accordance with the Local EMS Plan.

ATTACHMENT 5 - PROOF OF INSURANCE

Provide certificate of Insurance for 1) General or Public Liability coverage and 2) Malpractice or Professional Liability coverage.

Signature of Applicant

Chief Executive Officer or Other Authorized Agent

Date

Name (print)

Title