

## **CHANGE OF PRINCIPAL OR CHANGE/ADD BRANCH LOCATION APPLICATION**

In accordance with Section 8 of [Public Act 19-118](#), this application is to be completed when any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder, is moving its principal or branch location(s) or to add a branch location within their primary service area.

### **INSTRUCTIONS AND APPROVAL PROCESS:**

1. Complete this application.
2. Notify, in writing, all other primary service area responder EMS organizations in any municipality or abutting municipality, to inform them your organization is proposing to change the principal or change/add branch location(s). Notification should be sent via USPS certified mail, return receipt requested.
3. Once all return receipts have been received back, submit the original, signed application and all attachments. *Please remember:*
  - a. Include your Certificate of Operation number (CO#) in the box provided at the top of every page;
  - b. Do not leave any blanks; if something is not applicable, write “N/A”;
  - c. Clearly title, number and reference all attachments
4. Make a copy of the completed application package and retain it for your records.
5. 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**

6. Upon receipt, OEMS shall review the application for completeness.
7. The application is deemed approved 30 calendar days after receipt, unless a primary service area responder objects, in writing, to the commissioner,
8. Approval notification will be sent in writing within ten business days of approval.

From CGS§ 19a-180:

*(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary service area at a public hearing as required under subsection (a) of this section.*



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

CO#

PROVIDER INFORMATION

1. Official legal Name of Organization:

2. Business Address:

3. Mailing Address:

4. Telephone Numbers: Business, Emergency, Fax

5. Chief Executive Officer: Name:

Title:

Telephone (work)

Telephone (home)

Telephone (cell)

Email Address:

6. Contact Person

Name:

Title:

Telephone (work)

Telephone (home)

Telephone (cell)

Email:

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



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

Date of Application: \_\_\_\_\_

Certificate of Operation No: \_\_\_\_\_

List the addresses of your currently authorized principal place of business and all branch locations (attach an additional page if needed):

Principal: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch: \_\_\_\_\_

Request to: Change location of Principal place of business Change location of Branch location

Add a Branch Location

Current location: \_\_\_\_\_

New location: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

Provide a summary explanation as to why this change in location is necessary. Attach additional pages as needed.

Multiple horizontal lines for providing a summary explanation.

CO#

**REQUIRED ATTACHMENTS CHECKLIST**

**\*\*\*All attachments must be clearly titled, numbered and referenced\*\*\***

**ATTACHMENT A** - A list of all EMS providers to whom notice was sent in which you stated your intention to change the location of principal place of business or change/add branch location.

**ATTACHMENT B** – Copies of notification correspondence sent to EMS providers.

**ATTACHMENT C** – Copies of signed USPS return receipt request card(s).

**ATTACHMENT D** - A map of your current PSA with the sites of the current location and new location clearly marked.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date