

**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**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

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.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

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.

Signature and title lines for CEO of Purchaser and CEO of Municipality, including fields for Signature, Date, Printed Name, and Title.