



**III. PHYSICIAN TO SERVE AS MEDICAL DIRECTOR**

Name	Arizona License Number
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**IV. ATTACHMENTS** (Attach the following)

<b>EVERY APPLICATION</b>	
<input type="checkbox"/>	A copy of the applicant business organization’s articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable
<input type="checkbox"/>	The intended schedule of rates for the air ambulance service
<input type="checkbox"/>	A copy of a current and valid OST Form 4507 showing the effective date of registration and exemption under 14 CFR 298
A copy of the following issued by the Federal Aviation Administration:	
<input type="checkbox"/>	A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135
<input type="checkbox"/>	If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations
<input type="checkbox"/>	If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations
<input type="checkbox"/>	A current and valid Certificate of Registration for each air ambulance to be operated
<input type="checkbox"/>	A current and valid Airworthiness Certificate for each air ambulance to be operated
<input type="checkbox"/>	A certificate of insurance establishing that the Applicant has current and valid liability insurance coverage for the air ambulance service as required under A.A.C. R9-25-703(B)(5)
<input type="checkbox"/>	A certificate of insurance establishing that the Applicant has current and valid malpractice insurance coverage for the air ambulance service as required under A.A.C. R9-25-703(B)(6)
<input type="checkbox"/>	A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated
<input type="checkbox"/>	If the Applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report
<b>INITIAL APPLICATION</b>	
For each air ambulance to be operated for the air ambulance service:	
<input type="checkbox"/>	An application for registration that includes all of the information and items required under A.A.C. R9-25-802(C)
<b>RENEWAL APPLICATION</b>	
For each air ambulance operated or to be operated for the air ambulance service:	
<input type="checkbox"/>	A copy of a current and valid certificate of registration, issued by the Department under 9 A.A.C. 25, Article 8; <b>OR</b>
<input type="checkbox"/>	An application for registration that includes all of the information and items required under A.A.C. R9-25-802(C)

**V. ATTESTATION**

See Instructions for Signing Requirements.

**On behalf of the Applicant, I attest that the Applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Articles 2, 7, and 8 and that the information provided in this application, including the information in the documents accompanying this application form, is accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

