

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA
} ss
County of Maricopa

CERTIFICATE NO. - 39 -
DOCKET NO. EMS 0076

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

BULLHEAD CITY FIRE DEPARTMENT AMBULANCE SERVICE

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. *Service Area:*

Beginning at a point at the Northwest corner of Section 7, T21N R21W, then East to the Northeast corner of Section 9, T21N R20W, then Southeast to the Southeast corner of Section 36, T20N R20W, then South to the Southwest corner of Section 12, T19N R20W, then West following the section line to the Southwest corner of Section 10, T19N R22W, then West to the Colorado River, then following the Colorado River North to the Northwest corner of Section 7, T21N R21W, or point of beginning.

The service area of Bullhead City Fire Department Ambulance Service also includes the certificated boundaries of Fort Mojave Mesa Fire Department (CON No. 82) not limited to a specific date.

2. *Special Provisions:*

Bullhead City Fire Department Ambulance Service will serve as back-up to Fort Mojave Mesa Fire Department (CON No. 82) for all immediate dispatch and scheduled interfacility and convalescent transports.

3. *Central Operations Station: Bullhead City, Arizona (1260 Hancock Road).*

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

RENEWAL

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending March 31, 2019 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I CARA M. CHRIST, MD. the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on February 6, 2016



DIRECTOR

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4. Response Times:

- a. *Five (5) minutes on sixty-five (65) percent of emergency ambulance calls.*
- b. *Ten (10) minutes on ninety (90) percent of emergency ambulance calls.*
- c. *Twenty (20) minutes on one-hundred (100) percent of emergency ambulance calls.*

CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED February 6, 2017

EXPIRES March 31, 2019



DIRECTOR