



# ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Bureau Of Emergency Medical Services & Trauma System  
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248;  
602-364-3150

**APPLICATION FOR AIR AMBULANCE REGISTRATION**  
A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Article 8

TO SUBMIT AN AIR APPLICATION AND FEES ELECTRONICALLY YOU MAY USE THE DEPARTMENT [WEBSITE](#) AND LOG INTO YOUR ONLINE ACCOUNT. IF YOU DO NOT HAVE AN ONLINE ACCOUNT AND WOULD LIKE TO ATTAIN ONE PLEASE CALL 602-364-3150.

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INITIAL REGISTRATION

RENEWAL REGISTRATION

## A. APPLICANT INFORMATION

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	E-Mail Address:	Fax Number (if any):
List names of all other business organizations operated by the applicant related to the use of an air ambulance:		
Physical Business Address, if Different from Applicant's Mailing Address:		
For Air Ambulance Renewal the air ambulance service license number:		
City:	State:	Zip Code:
Name of the Individual acting on behalf of the Applicant according to R9-25-102:		
Title of the individual acting on behalf of the Applicant:		
Arizona address for the individual acting on behalf of the applicant according to R9-25-102		
City:	State: Arizona	Zip Code:
Telephone Number:	E-mail Address:	Fax Number (if any):
Owner of the Air Ambulance (If different from the applicant)		
Name of Owner:		

Address:

### B. AIR AMBULANCE INFORMATION

<input type="checkbox"/> FIXED-WING		<input type="checkbox"/> ROTOR-WING	
Number of engines:	Manufacturer's name:	Model name:	
Year manufactured:	Serial number:	Tail number:	
Description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance:			
Address at which the air ambulance is usually based:			
City:	State:	Zip Code:	
Address in Arizona at which the air ambulance will be available for inspection:			
City:	State:	Zip Code:	

### C. INSPECTION CONTACT INFORMATION

Name:	Telephone Number:
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### D. ATTACHMENTS & FEES

A copy of the following for the air ambulance issued by the Federal Aviation Administration:

- A current and valid Certificate of Registration
- A current and valid Airworthiness Certificate

A copy of a current and valid registration issued for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4

If the documentation listed above was not issued in the name of the applicant please provide the following:

- Documentation showing the applicant can legally possess and operate the aircraft covered by the document, signed by the owner of the aircraft
- A certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fee:
  - \$50 registration fee, as required under A.R.S. § 36-2212(D) and A.A.C. R9-25-802(C)(12)(a); and
  - \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4) and A.A.C. R9-25-802(C)(12)(b)

**Pursuant to Arizona Revised Statutes §41-1030:**

An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

This section may be enforced in a private civil action and relief may be awarded against the State. The court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A. State employees may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

This section does not abrogate the immunity provided by sections 12-820.01 or 12-820.02.

## E. 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, (*Medical Direction*), 5, (*Medical Direction Protocols For Emergency Medical Care Technicians*) 7, (*Air Ambulance Service Licensing*) and 8 (*Air Ambulance Registration*), and that the information provided in the application, including the information in the documents accompanying this application form, are accurate and complete.

*Arizona regulations pertaining to the registration and operation of an air ambulance can be found on the Department's website. This link to the [Regulatory References](#) section has been provided for your convenience.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

Please submit this application with all applicable documents and information as required in rule. If you do not have Internet access please contact the Arizona Department of Health, Bureau of Emergency Medical Services and Trauma System (Department) at the telephone number listed below:

This application is not considered complete until all required documents and information have been submitted to the Department. If any corrections are made using correction fluid or correction tape, this application will be returned. If an error is made while filling out this application, put a single line through the error and initial it. Please remit the completed application to:

**Arizona Department of Health Services  
Bureau of Emergency Medical Services & Trauma System  
150 N. 18th. Avenue, Suite 540,  
Phoenix, Arizona 85007  
(602) 364-3150 or 1-800-200-8523**

**F. INSTRUCTIONS FOR COMPLETING THE AIR AMBULANCE REGISTRATION APPLICATION**  
(Please type or print in black ink in completing this application)

SELECT THE BOX AT THE TOP OF THE APPLICATION TO INDICATE WHETHER APPLYING FOR AN INITIAL OR A RENEWAL LICENSE

*SECTION A. APPLICANT INFORMATION*

Name of Applicant/Owner: Please enter the legal name of the person that holds a controlling legal or equitable interest and authority in the air ambulance service that owns the air ambulance being registered.

Person: Means (a) individual; (b) a business organization; or (c) an administrative unit of the U.S. government, or a political subdivision of the state.

Business Names: Please provide each name in which the air ambulance service does business (i.e., each DBA).

*SECTION D. ATTACHMENTS AND FEES*

Fees: An Applicant that operates or intends to operate an air ambulance only as a volunteer not-for-profit service is not required to pay a registration or regulatory fee.