


ANNEX A

SAMPLE OF APPLICATION FOR EMERGENCY AMBULANCE SERVICE LICENSE, CHP 361

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					
APPLICATION FOR EMERGENCY AMBULANCE SERVICE LICENSE					
CHP 361 (REV. 03-00) OPI 062		<i>Please print or type</i>			
REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$200.00) <input type="checkbox"/> New license - majority change in ownership or control (\$200.00) <input type="checkbox"/> Renewal (\$150.00) <input type="checkbox"/> Late renewal (\$200.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME) _____ FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK) _____	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE: _____			
	IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME _____	CALIFORNIA CORPORATION NUMBER _____			
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK) _____	CHP EMERGENCY AMBULANCE SERVICE LICENSE NUMBER AND EXPIRATION DATE _____			
	MAIN OFFICE STREET ADDRESS, CITY, STATE, ZIP CODE _____	DMV PULL NOTICE PROGRAM REQUESTER CODE NUMBER _____			
	MAILING ADDRESS, CITY, STATE, ZIP CODE (if different from main office address) _____	TELEPHONE NUMBER, INCLUDE AREA CODE _____			
APPLICANT BACKGROUND					
			*YES NO		
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (other than a renewal of this license)			<input type="checkbox"/> <input type="checkbox"/>		
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<input type="checkbox"/> <input type="checkbox"/>		
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<input type="checkbox"/> <input type="checkbox"/>		
d. Has the applicant, an owner, partner, officer, director or controlling shareholder (if a corporation or partnership) ever been convicted of any offenses? (Traffic violations classified as infractions need not be reported.)			<input type="checkbox"/> <input type="checkbox"/>		
* EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM					
PRINT OR TYPE NAME AND TITLE OF EACH COMPANY PRINCIPAL: OWNER, PARTNER, OFFICER, DIRECTOR OR CONTROLLING SHAREHOLDER. (List additional principals on the reverse side of this form or attach an additional sheet of paper if necessary.)	TITLE	DATE OF BIRTH	DRIVER'S LICENSE NUMBER AND STATE		
APPLICATION CERTIFICATION					
<i>It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to emergency ambulance operations. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor violation of the California Vehicle Code and may result in denial or revocation of the license.</i>					
AUTHORIZED CERTIFIER'S SIGNATURE _____	PRINT OR TYPE NAME AND TITLE _____	DATE _____			
TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL					
<input type="checkbox"/> DMV Pull Notice, and Title 13 CCR required records inspected. <input type="checkbox"/> Vehicle inspection(s) attached.		LICENSE NUMBER	CONTROL NUMBER	ISSUE DATE	EXPIRATION DATE
<input type="checkbox"/> Company ownership and/or control verified and appropriate fingerprint cards attached.		ACCOUNTING USE ONLY		DATE	CHECK DATE
Temporary operating authorization issued Date _____	LOCATION CODE _____	CASHIER _____	CHECK NUMBER _____	AMOUNT _____	
Signature: Area Commander's approval _____					
CHP USE ONLY	LICENSEE NAME AND MAILING ADDRESS	INSTRUCTIONS TO APPLICANT			
		MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P.O. BOX 942902 SACRAMENTO, CA. 94298-2902			
DESTROY PREVIOUS EDITIONS					

ANNEX A (continued)

SAMPLE OF LIST OF VEHICLES TO BE OPERATED, CHP 361A

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL LIST OF VEHICLES TO BE OPERATED CHP 361A (Rev. 3-98) OPI 062			INSTRUCTIONS: 1. All vehicles to be operated under the license must be listed. (<i>ambulance services - DO NOT list support vehicles</i>) 2. Complete all items. 3. For initial licenses, a satisfactory inspection report must be submitted for each vehicle listed prior to operation under the license.		
SERVICE NAME / DOING BUSINESS AS		TOTAL NUMBER OF VEHICLES			
SERVICE ADDRESS (number, street, city, state, and zip code)		CHP LICENSE NUMBER (renewals only)			
VEHICLE IDENTIFICATION					
CHP ID CERTIFICATE NO. <small>(if issued)</small>	YEAR	MAKE/MODEL	LICENSE PLATE NO.	VEHICLE IDENTIFICATION NO. (VIN)	USUAL VEHICLE LOCATION <small>(if different from service address)</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
USE REVERSE SIDE FOR ADDITIONAL VEHICLES AND THOSE REMOVED FROM SERVICE DESTROY PREVIOUS EDITIONS					



ANNEX A (continued)

SAMPLE OF LIST OF VEHICLES TO BE OPERATED, CHP 361A (REVERSE SIDE)

VEHICLE IDENTIFICATION (continued)					
CHP ID CERTIFICATE NO. <i>(if issued)</i>	YEAR	MAKE/MODEL	LICENSE PLATE NO.	VEHICLE IDENTIFICATION NO. (VIN)	USUAL VEHICLE LOCATION <i>(if different from service address)</i>
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
PREVIOUSLY LISTED VEHICLES THAT HAVE BEEN REMOVED FROM SERVICE (attach CHP ID certificate)					
CHP ID CERTIFICATE NO.	YEAR	MAKE/MODEL	LICENSE PLATE NO.	VEHICLE IDENTIFICATION NO. (VIN)	REASON FOR OUT-OF-SERVICE
1					
2					
3					
4					
5					

ANNEX A (continued)

SAMPLE OF SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT, CHP 301

 STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT CHP 301 (REV 4-97) OP1 062		CHP AREA:	
CHP Certificate/Permit Number:	ISSUED:	EXPIRES:	AREA:
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL	<input type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE:	VEHICLE LICENSE NO.	VIN:	
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for			
NAME AND MAILING ADDRESS 		PROPERTY OF CALIFORNIA HIGHWAY PATROL This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	

ANNEX A (continued)

SAMPLE OF AMBULANCE INSPECTION REPORT, CHP 299

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT CHP 299 (Rev. 4-98) OPI 062				INSPECTION <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> COMPLIANCE	
REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, Vehicle Code, Title 13 CCR, and GO 100.5 Distribution: Original to CVS; make copies for Area and Licensee					
SERVICE NAME / DOING BUSINESS AS			CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	
SERVICE ADDRESS (number and street)					VEHICLE IDENTIFICATION NUMBER (VIN)
(city, state, and zip code)					VEHICLE LICENSE PLATE NUMBER AND STATE
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)			CHP ID CERTIFICATE NUMBER (annuals and compliance only)		
ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204				
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)				
3. Ambulance identification sign	13 CCR 1100.4				
4. Headlamps	24252, 24400, 24407				
5. Beam selector/indicator	24252, 24406, 24408				
6. Headlamp flasher (if equipped)	24252, 25252.5				
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)				
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100				
9. Turn signals	24252, 24951-24953; 13 CCR 697-699				
10. Clearance/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 688				
11. Warning devices (if required)	25300				
12. Stoplamps	24252, 24603				
13. Tailamps	24252, 24600				
14. License plate lamp	24252, 24601				
15. Backup lamps	24252, 24606				
16. Reflectors	24252, 24607				
17. Glass	26700, 26701, 26708, 26708.5, 26710				
18. Windshield wipers	26706, 26707				
19. Defroster	26712				
20. Mirrors	26709				
21. Horn	27000				
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)				
23. Brake system	26301.5, 26450-26454				
24. Steering; suspension	24002				
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087				
26. Fuel system	24002, 27155, 27156.1				
27. Exhaust system	24002, 27150, 27151-27154				
28. Seat belts	27315; 13 CCR 1103(b)				
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242				
30. Portable light	13 CCR 1103(d)				
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)				
32. Maps	13 CCR 1103(g)				
33. Door latches	13 CCR 1103(h)				
34. Other safety defects (if yes, explain)	24002				
<p>* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.</p> <p style="text-align: center; font-size: small;">DESTROY PREVIOUS EDITIONS</p>					


ANNEX A (continued)

SAMPLE OF AMBULANCE INSPECTION REPORT, CHP 299 (REVERSE SIDE)

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES REQUIRED BY 13 CCR 1103.2(a)(1) - (19)			REQUIRED RECORDS AND DOCUMENTS					
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	VC / 13 CCR	YES	NO		
			RECORD OF CALLS					
35. Ambulance cot and collapsible stretcher			59. Location of records; retained for 3 years	13 CCR 1100.7				
36. Securement straps for patient and cot/stretcher			60. Date, time, and location of call; received by whom	(a)				
37. Ankle and wrist restraints			61. Name of requesting person or agency	(b)				
38. Sheets; pillow cases; blankets; towels; pillows			62. Unit ID; personnel dispatched; red light/siren use	(c)				
39. Oropharyngeal airways (3 sizes)			63. Explanation of failure to dispatch	(d)				
40. Pneumatic or rigid splints (4)			64. Dispatch time; scene arrival and departure times	(e)				
41. Resuscitator			65. Destination of patient; arrival time	(f)				
42. Oxygen and equipment			66. Name of patient transported	(g)				
43. Sterile bandage compresses or equivalent (12)			PERSONNEL RECORDS					
44. Sterile gauze pads (4 - 3" x 3")			67. Employment date	13 CCR 1100.8(a)				
45. Roller bandages (6 - 2", 3", 4", or 6")			68. Facsimile of driver license	(b)				
46. Adhesive tape (2 rolls - 1", 2", or 3")			69. Facsimile of ambulance driver certificate	(b)				
47. Bandage shears			70. Facsimile of medical exam certificate	(b)				
48. Universal dressings (2 - 10" x 30" or larger)			71. Facsimile of EMT certificate or medical license	(c)				
49. Emesis basin or disposable bags; covered waste container			72. Work experience summary	(d)				
50. Portable suction equipment			73. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 VC prohibitions	(e)				
51. Sandbags (2) or equivalent material to restrict movement			74. Employer notification (<i>DMV Post Notice System</i>)	1808.1				
52. Spinal immobilization devices (2 sizes)			COMPANY INSPECTION					
53. Half-ring traction splint or equivalent device			75. Company or corporation ownership	13 CCR 1107(b)(1)				
54. Blood pressure manometer, cuff, and stethoscope			76. One or more ambulances available 24 hours	13 CCR 1107				
55. Sterile obstetrical supplies			77. Fees posted/maintained	13 CCR 1107(d)				
56. Potable water (1 gal.) or sterile saline solution (2 liters)			78. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2				
57. Bedpan or fracture pan			79. 24-hour direct telephone service	13 CCR 1107(e)				
58. Urinal			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">POLICY NUMBER</td> <td style="width: 20%;">POLICY EXPIRATION DATE</td> </tr> </table>				POLICY NUMBER	POLICY EXPIRATION DATE
POLICY NUMBER	POLICY EXPIRATION DATE							
80. INSURANCE CARRIER'S NAME								
81. REMARKS								
LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE								
<i>I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.</i>								
82. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE						DATE		
83. CHECK ALL APPLICABLE BOXES (If initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)								
<input type="checkbox"/> In compliance		<input type="checkbox"/> Addition to fleet		<input type="checkbox"/> ID certificate of replaced vehicle attached				
<input type="checkbox"/> In compliance only after correction		<input type="checkbox"/> Replacement		<input type="checkbox"/> Absence of official brake adjusting station verified				
84. <input type="checkbox"/> NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)								
<input type="checkbox"/> TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.								
85. SIGNATURE OF COMMANDER OR INSPECTING OFFICER		ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE		

ANNEX A (continued)

**SAMPLE OF EMERGENCY AMBULANCE
NON-TRANSFERABLE LICENSE, CHP 360A**

 <p>STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL</p> <p>EMERGENCY AMBULANCE NON-TRANSFERABLE LICENSE</p> <p>CHP 360A (REV 6-97) OPI 062</p>	CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
	CHP CARRIER NUMBER CA-	LOCATION	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal	
PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)					
SERVICE NAME AND PHYSICAL ADDRESS <i>(only if different from below)</i>		<p>This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. Any change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.</p>			
SERVICE NAME AND MAILING ADDRESS		<p>Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Commercial Vehicle Section, at (916) 445-1865.</p>			


ANNEX A (continued)

SAMPLE OF APPLICATION FOR ARMORED CAR OPERATOR'S LICENSE, CHP 361AC

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					
APPLICATION FOR ARMORED CAR OPERATOR'S LICENSE		Please print or type			
CHP 361AC (New 03-00) OPI 062					
REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$10.00) <input type="checkbox"/> New license - majority change in ownership or control (\$10.00) <input type="checkbox"/> Renewal (\$5.00) <input type="checkbox"/> Late renewal (\$10.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME) OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE: IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME: _____	FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK) _____	CALIFORNIA CORPORATION NUMBER _____		
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK) _____	CHP ARMORED CAR OPERATOR'S LICENSE NUMBER AND EXPIRATION DATE _____			
	MAIN OFFICE STREET ADDRESS, CITY, STATE, ZIP CODE _____	TELEPHONE NUMBER, INCLUDE AREA CODE _____			
	MAILING ADDRESS, CITY, STATE, ZIP CODE (if different from main office address) _____	MAIL LICENSE ATTENTION: _____			
APPLICANT BACKGROUND					
			*YES NO		
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (other than a renewal of this license)			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
d. Has the applicant, an owner, partner, officer, director or controlling shareholder (if a corporation or partnership) ever been convicted of any offenses? (Traffic violations classified as infractions need not be reported.)			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
* EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM					
PRINT OR TYPE NAME AND TITLE OF EACH COMPANY PRINCIPAL: OWNER, PARTNER, OFFICER, DIRECTOR OR CONTROLLING SHAREHOLDER. (List additional principals on the reverse side of this form or attach an additional sheet of paper if necessary.)	TITLE	DATE OF BIRTH	DRIVER'S LICENSE NUMBER AND STATE		
OPERATION TYPE AND APPLICATION CERTIFICATION					
<input type="checkbox"/> Armored Car operation transporting property. Provide a valid DMV Motor Carrier Permit No.: CA _____ and expiration date: _____					
<input type="checkbox"/> Armored Car operation transporting passengers. Provide a valid PUC TCP Permit No.: _____ and expiration date: _____					
<input type="checkbox"/> Armored Car operation not subject to either of the above. Provide a brief description of the licensed activity on the reverse side of this form.					
It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to armored car operations. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor violation of the California Vehicle Code and may result in denial or revocation of the license.					
AUTHORIZED CERTIFIER'S SIGNATURE _____	PRINT OR TYPE NAME AND TITLE _____	DATE _____			
TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL					
<input type="checkbox"/> Company ownership and/or control verified and appropriate fingerprint cards attached. <input type="checkbox"/> Vehicle inspection(s) attached.		LICENSE NUMBER _____	CONTROL NUMBER _____		
Temporary operating authorization issued. Date: _____ Signature: Area Commander's approval. _____		ACCOUNTING USE ONLY CASHIER	ISSUE DATE _____		
LOCATION CODE _____		DATE _____	EXPIRATION DATE _____		
CHECK NUMBER _____		CHECK DATE _____	AMOUNT _____		
CHP USE ONLY	LICENSEE NAME AND MAILING ADDRESS _____	INSTRUCTIONS TO APPLICANT MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P. O. BOX 942902 SACRAMENTO, CA. 94298-2902			

ANNEX A (continued)

SAMPLE OF ARMORED CAR NON-TRANSFERABLE LICENSE, CHP 360AC

 <p>STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL</p> <p>ARMORED CAR NON-TRANSFERABLE LICENSE</p> <p>CHP 360AC (REV. 01-00) OPI 062</p>	CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
	CHP CARRIER NUMBER CA-	LOCATION	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal	PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)
SERVICE NAME AND PHYSICAL ADDRESS <i>(only if different from below)</i>		This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.			
SERVICE NAME AND MAILING ADDRESS		Armored car operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$10.00. For license information contact CHP, Commercial Vehicle Section, at (916) 445-1865.			


ANNEX A (continued)

APPLICATION FOR FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE, CHP 361N

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			
APPLICATION FOR FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE CHP 361N (REV. 02-00) CPI 052 Please print or type			
REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$10.00) <input type="checkbox"/> New license - majority change in ownership or control (\$10.00) <input type="checkbox"/> Renewal (\$5.00) <input type="checkbox"/> Late renewal (\$10.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME) _____ FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK) _____	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE: IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME _____	
		TELEPHONE NUMBER (INCLUDE AREA CODE) _____	
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK) _____		MAIL LICENSE ATTENTION: _____
	INSPECTION AND MAINTENANCE STATION ADDRESS CITY STATE ZIP CODE _____		
	MAILING ADDRESS CITY STATE ZIP CODE _____		
CALIFORNIA CARRIER IDENTIFICATION NUMBER	TERMINAL FILE CODE NUMBER	CHP IMS LICENSE NUMBER AND EXPIRATION DATE	CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)
CA-			TOTAL VEHICLES OPERATED Powered: _____ Towed: _____
APPLICANT BACKGROUND			
			*YES NO
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)			<input type="checkbox"/> <input type="checkbox"/>
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<input type="checkbox"/> <input type="checkbox"/>
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			<input type="checkbox"/> <input type="checkbox"/>
*EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM			
CERTIFICATION AND APPLICANT'S SIGNATURE			
Provide the date and rating of the last mandatory annual bus terminal inspection performed pursuant to §34501(c) of the California Vehicle Code (CVC) or the Biennial Inspection of Terminals (BIT) for truck operators performed pursuant to §34501.12(d) CVC. Date: _____ Rating: _____ Truck operators must provide a valid Motor Carrier of Property Permit expiration date: _____ <i>It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and vehicle equipment requirements. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor of the California Vehicle Code and may result in denial or revocation of the license.</i>			
AUTHORIZED CERTIFIER'S SIGNATURE _____		PRINT OR TYPE NAME AND TITLE _____	
		DATE _____	
TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL MOTOR CARRIER SAFETY UNIT FOR INITIAL LICENSE			
ISSUANCE OF LICENSE RECOMMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MCS SIGNATURE AND I.D. NUMBER _____	
		LOCATION CODE DATE _____	
COMMENTS/REMARKS			
CHP ACCOUNTING USE ONLY		CHP LICENSING UNIT USE ONLY	
DATE	AMOUNT	LICENSE NUMBER	MCP PERMIT VERIFICATION
CASHIER		ISSUE DATE	EXPIRATION DATE
CHECK DATE	CHECK NUMBER	CA NUMBER	CONTROL NUMBER
LICENSEE NAME AND MAILING ADDRESS			
CHP USE ONLY		MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P.O. BOX 942902 SACRAMENTO, CA. 94298-2902	
DESTROY PREVIOUS EDITIONS			


ANNEX A (continued)

FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE, CHP 360F

 <p>STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL</p> <p>FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE</p> <p>CHP 360F (REV. 01-00) OPI 062</p>	CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
	CHP CARRIER NUMBER CA-	LOCATION	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal	
LICENSEE NAME AND PHYSICAL STATION ADDRESS	<p>License is only valid for this location, File Code number:</p> <p align="center">PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)</p> <p>At least one full time journeyman truck mechanic shall be regularly employed at this station. Each licensed station must maintain readily accessible to the superintendent of maintenance at least one current copy of:</p> <ul style="list-style-type: none"> ● California Vehicle Code. ● Chapter 2, Title 13, California Code of Regulations. ● Appropriate handbooks, publications, and bulletins related to safe condition of vehicles, vehicle components, and auxiliary equipment. ● Federal Motor Carrier Safety Regulations (interstate carriers only). 				
LICENSEE NAME AND MAILING ADDRESS	<p>This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This License may be renewed by submitting an application and appropriate fee to the CHP. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. Fleet Owner Inspection and Maintenance Station operations must cease immediately upon expiration of this license. For license information contact CHP, Commercial Vehicle Section at (916) 445-1865. This station license must be displayed under glass or other transparent cover prominently displayed in the station.</p>				


ANNEX A (continued)

**APPLICATION FOR HAZARDOUS MATERIAL
TRANSPORTATION LICENSE, CHP 361M**

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL				
APPLICATION FOR HAZARDOUS MATERIALS TRANSPORTATION LICENSE				
CHP 361M (REV. 01-00) OPI 062		<i>Please print or type</i>		
REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$100.00) <input type="checkbox"/> New license - majority change in ownership or control (\$100.00) <input type="checkbox"/> Renewal (\$75.00) <input type="checkbox"/> Late renewal (\$100.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME)		FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)	
	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE			
	IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO OGA LEAVE BLANK)			MAIL LICENSE ATTENTION:
	MAIN OFFICE STREET ADDRESS		CITY	STATE ZIP CODE
	MAILING ADDRESS (if different from applicant address)		CITY	STATE ZIP CODE
CALIFORNIA CARRIER IDENTIFICATION NUMBER CA-	CHP HAZARDOUS MATERIALS TRANSPORTATION LICENSE NUMBER AND EXPIRATION DATE	ICC NUMBER (IF APPLICABLE) MC MX	US DOT NUMBER (IF APPLICABLE) CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)	
SPECIALIZED HIGHWAY ROUTING REQUIREMENT INFORMATION				
HAZARDOUS MATERIAL SHIPMENTS INDICATED BELOW ARE SUBJECT TO SPECIALIZED ROUTING REQUIREMENTS. TO BE PLACED ON THE APPROPRIATE MAILING LIST(S) TO RECEIVE COPIES OF THE ROUTE MAPS AND ASSOCIATED REQUIREMENTS RELATED TO EACH CATEGORY, CHECK ALL APPLICABLE BOXES.				
<input checked="" type="checkbox"/> (HMX) Explosives subject to Division 14, California Vehicle Code (CVC). <input checked="" type="checkbox"/> (HMPIH) Poison Inhalation Hazard material in bulk packagings subject to Division 14.3, CVC. <input checked="" type="checkbox"/> (HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC. <input checked="" type="checkbox"/> None of the above (subject only to the general routing requirements contained in Section 31303, CVC, and Section 397.67 of Title 49, Code of Federal Regulations).				
APPLICANT BACKGROUND (REQUIRED RESPONSES)			YES * NO	
a. Has the applicant or any company officer ever been issued a similar license/permit by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)				
b. Has the applicant or any company officer ever had any similar license/permit denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?				
c. Has the applicant or any officer ever been a partner, officer, director or controlling shareholder in a company or corporation whose license/pe was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?				
d. Has the applicant ever had their authority to transport hazardous materials shipments, for which the display of placards is required, suspended or an agency of the federal government?				
* EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM				
CERTIFICATION INFORMATION				
It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and hazardous materials transportation. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor of the California Vehicle Code and may result in denial or revocation of the license.				
AUTHORIZED CERTIFIER'S SIGNATURE		PRINT OR TYPE NAME AND TITLE	DATE	
CHP ACCOUNTING USE ONLY		CHP HAZARDOUS MATERIAL LICENSING UNIT USE ONLY		
DATE	AMOUNT	CHECK DATE	LICENSE NUMBER	
CASHER		CHECK NUMBER	ISSUE DATE	
			CONTROL NUMBER	
			EXPIRATION DATE	
CHP USE ONLY	LICENSEE NAME AND MAILING ADDRESS		MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P.O. BOX 942902 SACRAMENTO, CA. 94298-2902	
	ATTENTION:			
DESTROY PREVIOUS EDITIONS				

ANNEX A (continued)

SAMPLE OF AUTHORIZED EMERGENCY VEHICLE PERMIT APPLICATION, CHP 310

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AUTHORIZED EMERGENCY VEHICLE PERMIT APPLICATION AND INSPECTION REPORT CHP 310 (Rev 12-97) OPI 062			
CHP PERMIT NUMBER <i>(official use only)</i>	EXPIRATION DATE <i>(official use only)</i>	<input type="checkbox"/> INITIAL BY CHP	<input type="checkbox"/> CHP COMPLIANCE VERIFICATION
		<input type="checkbox"/> PERMIT RENEWAL	
INSTRUCTIONS: Refer to Vehicle Code and Title 13, California Code of Regulations, excerpts before completing. Distribution: Original to Commercial Vehicle Section; copies for Area office and permittee.			
NAME OF PERMITTEE		NAME OF OWNER/AGENCY/FIRM <i>(if different from permittee)</i>	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
MAILING ADDRESS <i>(if different from street address)</i>		MAILING ADDRESS <i>(if different from street address)</i>	
TELEPHONE NUMBER <i>(include area code)</i>		TELEPHONE NUMBER <i>(include area code)</i>	
VEHICLE INFORMATION			
YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER
VEHICLE USE PURSUANT TO SECTION 2416(a)(...) VC <i>(complete as appropriate)</i>			
1. LAW ENFORCEMENT <i>(attach CHP 310C)</i>			
<input type="checkbox"/> Police Department Member - City of:		<input type="checkbox"/> Sheriff's Department Member - County of:	
<input type="checkbox"/> Marshal - Court:		<input type="checkbox"/> Deputy Marshal - Court:	
2. <i>(indicate utility name)</i>			
<input type="checkbox"/> Public Utility Emergency Repair:		<input type="checkbox"/> Railroad Police:	
3.			
<input type="checkbox"/> Firefighting Equipment <input type="checkbox"/> Rescue Equipment		FIRE DEPARTMENT NAME <i>(if applicable)</i>	
4. <i>(attach authorization/verification)</i>			
<input type="checkbox"/> Chief <input type="checkbox"/> Assistant Chief <input type="checkbox"/> Other Uniformed Person		DRIVER LICENSE NO.	FIRE DEPARTMENT NAME
5.			
<input type="checkbox"/> Air Pollution Control Enforcement: <i>(indicate district name)</i>			
6.			
<input type="checkbox"/> Armed Forces Fire Chief: <i>(indicate base name)</i>			
7. <i>(attach verification that certificate of organization has been recorded within past six months)</i>			
<input type="checkbox"/> Vehicle Owned and Operated by Fire Company Organized Pursuant to Part 4, H&S Code		Fire company name:	
9.			
<input type="checkbox"/> Ambulance Company Support Vehicle			
10. <i>(attach copy of ordinance as verification of applicant status)</i>			
<input type="checkbox"/> Hazardous Materials Response Team Vehicle: <i>(indicate city, county or district name)</i>			
CERTIFICATION AND APPLICANT'S SIGNATURE			
I certify this application is made in accordance with the latest published Section 2416 of the Vehicle Code and other applicable codes of the State of California. I further certify: (1) The vehicle will be operated in accordance with the California Code of Regulations and the California Vehicle Code for the immediate preservation of life or property, response to emergency calls for fire, apprehension of law violators or law enforcement services; (2) That the vehicle has been inspected as indicated on the reverse hereof, is equipped as required by the Vehicle Code, and is in safe operating condition; and (3) That all information I am required to furnish is true, complete, and accurate to the best of my knowledge.			
SIGNATURE AND TITLE			DATE
Destroy Previous Editions			

ANNEX A (continued)

SAMPLE OF AUTHORIZED EMERGENCY VEHICLE PERMIT APPLICATION, CHP 310 (REVERSE SIDE)

VEHICLE EQUIPMENT INSPECTION REPORT							
All items must be inspected and any not in compliance must be corrected prior to certification.							
ITEM INSPECTED AND IN COMPLIANCE	VC OR CCR	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	VC OR CCR	YES	NO
Registration/plates	4000, 4160, 4454, 4457, 5200-5204			Glass	26700, 26701, 26708, 26708.5, 26710		
Identification certificate	CCR 1121(f)			Windshield wipers	26706(b), 26707		
Headlamps	24252, 24400, 24407			Mirrors	26709		
Beam selector/indicator	24252, 24406, 24408			Horn	27000		
Headlamp flasher (if equipped)	24252, 25252.5(a)			Siren*	27002, CCR 1021, 1028, 1029, 1122(a)(1)		
Steady red warning lamp (required)*	24251, 24252, 25252, 26100, CCR 1122(a)(1)			Brake system	26301-26302, 26450-26454, 26502-26522		
Optional warning lamp(s)*	24252, 25252.5, 25258, 25259, 26100			Steering/suspension	24002		
Turn signals	24252, 24951-24953, CCR 697-699			Tires/wheels	24002, 27465, CCR 1085		
Clearance/sidemarkers lamps (if required)	24252, 25100, CCR 688			Fuel system	24002, 27155, 27156.1		
Warning devices (if required)	25300			Exhaust system	24002, 27150, 27151-27154		
Stoplamps	24252, 24603			Emissions equipment	27155-27157		
Taillamps, License plate lamp	24252, 24600, 24601			Seat belts	CCR 1122(a)(2)		
Backup lamps	24252, 24606			Vehicle identification sign (if required)	2416(a)(9), 27900(a), 27901		
Reflectors	24252, 24607			Other safety defects (if yes, explain)	24002, CCR 1122(b)		
INSURANCE CARRIER'S NAME (Financial responsibility, 16020 VC)				POLICY NUMBER		POLICY EXPIRATION DATE	
CHECK APPROPRIATE BOXES							
<input type="checkbox"/> Defects noted and corrected to attain compliance				<input type="checkbox"/> Pictures attached (required with initial application or changed appearance)			
REMARKS				A BRAKE CERTIFICATE IS REQUIRED WITH INITIAL AND RENEWAL PERMIT INSPECTIONS			
				(Attach brake certificate here)			
				PERMITTEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE			
				I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with requirements of the California Vehicle Code.			
				SIGNATURE OF PERMITTEE		DATE	
TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL							
<input type="checkbox"/> The vehicle identified hereon has been inspected and is in compliance with applicable statutes and regulations.							
<input type="checkbox"/> Applicant status verified and required documentation attached.							
<input type="checkbox"/> Absence of official brake station verified and submission of brake certificate waived.							
<input type="checkbox"/> No temporary operating authorization. Review required. (explain in remarks)							
<input type="checkbox"/> Temporary Operating Authorization: This vehicle may be operated as an authorized emergency vehicle. This authorization must be carried in the vehicle when used in lieu of the special vehicle permit and expires 30 days after the date shown below.							
SIGNATURE OF COMMANDER OR INSPECTING OFFICER		I.D. NO.	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE	
* NOTE: It is the responsibility of the permittee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the Vehicle Code and Title 13, CCR. The permittee shall furnish verification of compliance to the CHP upon request.							

ANNEX A (continued)

**SAMPLE OF LAW ENFORCEMENT APPLICANT STATUS
VERIFICATION AND LIABILITY FORM, CHP 310C**

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
CHP 310C (Rev 1/93) OPI 062



**LAW ENFORCEMENT APPLICANT
STATUS VERIFICATION AND LIABILITY**

Applicant Name: _____
(First, Middle Initial, Last)

Position/Rank: _____

Employing Agency: _____

Vehicle: _____
(Year, Make, Lic. No.)

The applicant named above is currently employed as stated. He/She is not furnished a publically owned Authorized Emergency Vehicle. Therefore, I/we authorize the use of his/her privately owned vehicle, as identified above, for law enforcement purposes. In addition, as required by California Vehicle Code Section 2416(a)(1), the

(Type or print State of California, or county or city name.)

shall maintain the vehicle, in whole or in part. *(Reimbursement for mileage alone does not meet the eligibility requirement of "maintain in part.")* Should any change occur regarding the circumstances or conditions as stated in this letter, the California Highway Patrol shall be notified immediately by contacting the Authorized Emergency Vehicle Program coordinator at (916) 445-1865.

Supervisor, Hiring or Appointing Authority

Name (Print or Type)

Title (Print or Type)

Signature

Address

Telephone Number

Date