

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Fire Department

Check(✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: Curtis Universal Ambulance, Inc. Phone: 414-276-7711

Business Address: 2266 N Prospect Ave. Suite #440

City: Milwaukee State: WI Zip: 53202

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge, and penalty: _

2. PARTNERSHIP (If applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION Curtis-Universal, Inc.

Address: 2266 N. Prospect Ave. Suite #440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17th, 1969 - Wisconsin

President: James G. Baker Jr.

Home Address: W310 N8370 Kilbourne Road

City: Hartland State: WI Zip: 53029

Phone 262-966-1853 Date of Birth 12/17/1955

Vice President: Same as above

Home Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____

Secretary: Debra Baker

Home Address: 203 Glenowen Drive

City: Hartland

State: WI

Zip: 53029

Phone _____

Date of Birth 03/04/1953

Treasurer: James G. Baker Jr.

Home Address: W310 N8370 Kilbourne Road

City: Hartland

State: WI

Zip: 53029

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 3

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 19

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that i am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 10th day of February, 2022

Individual/Corporate President/Partner: James G. Baker Jr.

Additional Partner/Corporate Vice President: NICK JOHNSON

Notary Public, State of Wisconsin: NICK JOHNSON

My commission expires: 1/12/26

Corporate Secretary: Debra Baker

Corporate Treasurer: James G. Baker Jr.

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

Unit #	Year	Make	Model	V.I.N. #
310	2007	Chevy	G3500	1GBJG3169712 48731
313	2009	Chevy	G4500	1GBKG316791154399
315	2012	Chevy	G3500	1GB3G2CL8C11 52878
316	2010	Chevy	G3500	1GB6G2B66A11 33123
317	2009	Chevy	G4500	1GBKG3164911 53954
318	2015	Chevy	G4500	1GB6G5CL6F1117422
319	2007	Chevy	G4500	1GBJG3164712 52928
320	2010	Ford	E-450	1FDWE3FP1ADA28025
327	2006	Ford	E-450	1FDXE45P16HB 00613
355	2010	Ford	E-350	1FDSS3EP3ADA 32411
383	1999	Ford	E-450	1FDXE40F0XHA 17738
387	2008	Ford	E-450	1FDXE45PX8DB 19901
Secondary Set of Available Ambulances				
5440	2006	Ford	E-450	1FDXE45P26HA37389
5441	2010	Ford	E-450	1FDXE4FP3ADA20969
5442	2008	Ford	E-450	1FDXE45P78DA35549
5446	2007	Chevy	G4500	1GBJG3168712 52799
5447	1998	Ford	E-450	1FDXE40F8WHB 07329
5448	2000	Ford	E-450	1FDXE45F2YHA 12485
5449	2005	Ford	E-450	1FDE45P95HA 58965



AFFIDAVIT OF NO INTEREST

STATE OF WISCONSIN)

)

MILWAUKEE COUNTY)

Matthew J Cruise, being first duly sworn on oath, deposes and says that he/she is the agent of All Risks Ltd in connection with National Indemnity Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

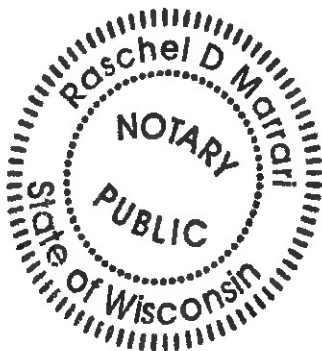
Matthew J Cruise
Signature of Agent

Subscribed and Sworn to before me

This 11th day of February, 2022

Raschel D. Marnari
Notary Public, Milwaukee County, Wisconsin

My commission expires 05/21/24



AFFIDAVIT OF NO INTEREST

STATE OF WISCONSIN)

)

MILWAUKEE COUNTY)

Matthew J Cruise, being first duly sworn on oath, deposes and says that he/she is the agent of R-T Specialty LLC in connection with Coverys Specialty Insurance Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

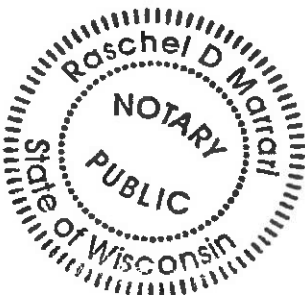
Matthew J Cruise
Signature of Agent

Subscribed and Sworn to before me

This 11th day of February, 2022

Raschel D. Maffari
Notary Public, Milwaukee County, Wisconsin

My commission expires 05/21/24



REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	CITY CERTIFICATION LICENSE				1,100.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
2/11/22	58217	CITY OF MLWAUKEE FIRE DEPARTMENT		\$1,100.00

58217

CURTIS HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

Associated Bank
79-57/759

CURTIS UNIVERSAL, INC.
WISCONSIN'S LARGEST SYSTEM
OF MEDICAL TRANSPORTATION
P.O. BOX 2007 MILWAUKEE, WI 53201

CHECK NO. 58217 DATE Feb 11, 2022 AMOUNT ****\$1,100.00

Memo :
PAY TO THE ORDER OF: One Thousand One Hundred and 00/100 Dollars
CITY OF MLWAUKEE FIRE DEPARTMENT

VOID AFTER 90 DAYS

James G. Baker Jr.
AUTHORIZED SIGNATURE

Security features. Details on back.

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