

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 Health Department

Check(✓) one: Individual
 Partnership
 Corporation

1. **NAME OF APPLICANT** (If individual): _____
Business Name: Curtis Universal Ambulance, Inc. D.B.a. Curtis Ambulance Phone: (414) 276-7711 (414) 933-7600
Business Address: P.O. Box 2007
City: Milwaukee State: WI Zip: 53201-2007
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 Ambulance, Inc.
Address: P.O.Box 2007, Milwaukee WI 53201-2007
Date and Place of Incorporation: October 17, 1969, Wisconsin
President: James G. Baker, Jr.
Home Address: W310 N8370 Kilbourne Rd.
City: Hartland State: WI Zip: 53029
Phone: (262) 966-1853 Date of Birth: 12-17-1955
Vice President: James G. Baker, Jr.
Home Address: Same As Above
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

Secretary: Ramona Lenger

Home Address: 12045 W. Holt Ave

City: West Allis State: WI Zip: 53227

Phone (414) 327-9984 Date of Birth 6-20-1946

Treasurer: James G. Baker, Jr

Home Address: Same As Above

City: _____ State: _____ Zip: _____

Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health 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: 23

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 Health 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 16th day of August, 20 12

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

Additional Partner/Corporate Vice President: James G. Baker, Jr

Notary Public, State of Wisconsin: Rochelle Basterash

My commission expires: 01/25/2013

Corporate Secretary: Ramona E. Lenger

Corporate Treasurer: James G. Baker, Jr



Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted

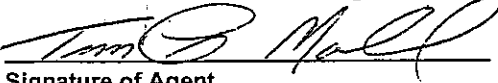
DESCRIPTIONS (Continued from Page 1)

STATE OF Wisconsin)

Waukesha COUNTY)

Tim Mkowski, being first duly sworn on oath,
deposes and says that he/she is the agent of Colony Insurance Company,
the insurer on the attached certificate of insurance issued to
Curtis Universal Ambulance, Inc. (the insured).

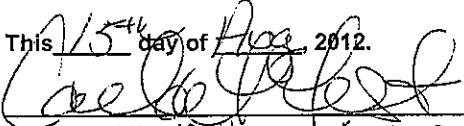
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.



Signature of Agent

Subscribed and sworn to before me

This 15th day of Aug, 2012.



Notary Public, Waukesha County, Wisconsin

My Commission expires 7-21-2014

**CURTIS AMBULANCE SERVICE
VEHICLE LIST**

Unit#	Vehicle I.D.#	Year	Make	Model
<u>Response Vehicles</u>				
321	1FDXE45F41HA86500	2001	Ford	E350
323	1FDSE35FO3HB48983	2003	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
327	1FDWE35P77DA13538	2007	Ford	E350
328	1FDWE35P37DA51560	2007	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
331	1FDXE45F92HB56493	2002	Ford	E450
333	1FDXE45F2YHA27522	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
<u>Secondary Response Vehicles</u>				
380	1FDKE30M5RHB93383	1994	Ford	E350
381	1FDXE40F1XHB68281	1999	Ford	E350
382	1FDLE40F6VHB62892	1997	Ford	E350
383	1FDXE40F0XHA17738	1999	Ford	E350
340	1FDXE40F7WHB64718	1998	Ford	E350
341	1FDLE40F9VHA37918	1997	Ford	E350
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDJE30M1PHB54055	1993	Ford	E350
830	1FDXE45P46DA24876	2006	Ford	E450
831	1FDXE45F12HB56097	2002	Ford	E350
832	1FDJE30F7SHA80392	1995	Ford	E350