

LOS ANGELES COUNTY AMBULANCE ASSOCIATION

MEMBER DATA (ALL MEMBERS)

Company Name:

Street address:

City:

State:

Zip Code:

Mailing address:

Phone Number:

Fax Number:

E-Mail Address:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Primary Company Representative (Voting):

Title:

Alternate Company Representative:

Title:

OPERATIONS INFORMATION (ACTIVE MEMBERS)

CHP License Number:

Number of L.A. County Licensed Ambulances:

Number of L.A. City Licensed Ambulances:

Number of Basic Life Support (BLS) Ambulances:

Number of Advanced Life Support (ALS) Ambulances:

Number of Critical Care Transport (CCT) Ambulances:

EMPLOYEE INFORMATION (ACTIVE MEMBERS)

Number of Field EMT'S:

Number of Field Paramedics:

Number of Field CCT-RN's and RT's:

Total Number of Field Employees:

COMMERCIAL MEMBER INFORMATION

Type of Service Provided:

Website Address: