



13918 E. Mississippi Ave., Suite 471
Aurora, CO USA 80012
info@AmbulanceGateway.org
www.AmbulanceGateway.org
(+1)720.325.5968

Ambulance Gateway Ambulance Request Form

Instructions

This form is to be completed by an organization that wishes to receive an ambulance from Ambulance Gateway. The entire form must be completed (in English) and returned to Ambulance Gateway as specified in this application.

Please read all instructions carefully and write legibly! Unreadable forms may be discarded without notice.

The applicant is to complete the “Applicant Section” and then forward the application to the applicable Distributor as described in that section.

The Distributor is to evaluate that application and, if found acceptable, complete the “Distributor Section” and then forward the application to Ambulance Gateway as described in that section.

Supplemental Materials

In addition to this application, the following supplemental materials are required before your agency will be considered an applicant for an ambulance.

Mexico

Applicants in Mexico must be nonprofit organizations which have been certified to receive deductible donations (such as an ambulance) by the Service Tax Administration of the Mexican federal government. Include with this application the following certification from the Mexican federal government:

Donatario Autorizado

Termination

This application will remain in effect until any of the following occur:

- Ambulance Gateway determines that your agency is not an appropriate recipient. (You will be notified if this is the case.)
- Your Distributor leaves the Ambulance Gateway program. (You will be notified if this is the case.)
- You notify Ambulance Gateway that you no longer wish to be considered.



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Applicant Section

This section is to be completed, in full and in English, by the applicant.

Instructions for submission are at the end of the section.

Disclaimers

Submission of this application does not obligate your agency to accept an ambulance (if one is offered).

Submission of this application does not obligate Ambulance Gateway to donate an ambulance to your agency.

Submission of this application does not obligate Ambulance Gateway to communicate with you other than to acknowledge receipt of your application. Direct any questions or comments to your distributor (noted in the "Distributor Organization" section of this application).

Requesting Agency

Please identify here your agency.

Agency name: _____

Agency type: _____

Agency address: _____

Agency website (if any): _____

Agency Contact

Please identify here the person in your agency who will act as the primary contact with Ambulance Gateway. If, at any time, you wish to change your contact, simply notify your distributor club and Ambulance Gateway.

Contact name: _____

Contact phone: _____

Contact email: _____



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Distributor Organization

In order to apply for an ambulance, you must have a sponsor who is a certified "distributor" for Ambulance Gateway. These Distributors are listed on the Ambulance Gateway website. Please identify that sponsoring organization here as well as the contact info for the person who is designated as their Ambulance Gateway facilitator.

Note: If there is no Distributor in your area, please contact a local Rotary Club and ask them to join the Ambulance Gateway network to facilitate your application. You will not be able to file your application until there is a Distributor for your area.

Organization Name: _____

Organization Location: _____

Contact name: _____

Contact phone: _____

Contact email: _____

Ambulance Requirements

Please specify here the type(s) of ambulance that your agency can successfully utilize and maintain.

Vehicle type (check all that are acceptable):

- Van
- Truck/Box
- Sprinter
- Heavy rescue

Engine type (check all that are acceptable):

- Gasoline
- Diesel

Drive train (check all that are acceptable):

- 2-wheel drive
- 4-wheel drive



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Vehicle make (check all that are acceptable):

- Ford
- Chevy
- Other: _____
- Any available

Please explain here any special requirements you have:

Justification

Please answer the following questions to explain why your agency would be an appropriate recipient of an ambulance.

Number of ambulances in current fleet: _____

Number of transports/year (estimate): _____

Please explain here **why** you want an ambulance:



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Please describe here **how** you expect to use the ambulance:

Authorization

Note: This section must be signed by an officer of your agency who is empowered to authorize this application and, more importantly, the receipt of an ambulance.

By signing this application, I confirm that our agency is requesting an ambulance from Ambulance Gateway under the terms and program explained on the Ambulance Gateway website. I further confirm that I am empowered by our agency to approve this application. Finally, I confirm that further communication between Ambulance Gateway (and its affiliates) and our agency will be done through our representative identified in the "Requesting Agency" section of this application.

Your full name: _____

Your position/title: _____

Your signature: _____

Today's date: _____



Submission Instructions

To apply for an ambulance from Ambulance Gateway, do the following:

1. Complete this “Applicant Section” of the application fully and legibly.
2. Scan the entire application into PDF format.
3. Scan each of the supplemental materials (described on page 1) into PDF format.
4. Send an email to the contact for your Distributor:
 - a. To: (use contact email in “Distributor Organization” section of this application)
 - b. CC: application@AmbulanceGateway.org
 - c. Subject: “Ambulance application for xxx”
(Where “xxx” is the name of your organization.)
 - d. Attachments: Attach each of the above PDFs.

You will be notified of receipt of the application.

Distributor Section

This section is to be completed, in full and in English, by the Distributor.

Instructions for submission are at the end of the section.

Notes

As a Distributor for Ambulance Gateway, you are expected to process each application as required by Ambulance Gateway. This section is intended to confirm that the required steps have been completed.

The most important of these duties are to ensure that the applicant is eligible for the Ambulance Gateway program and that this application is accurate and complete.

Information

Please answer the following:

Date on which application was received: _____



Verification

Check each of the following that have been verified.

- The Applicant Section of this document is complete and accurate.
- The required supplemental materials have been provided by the applicant.
- The applicant has been notified of receipt of this application.
- The applicant meets the eligibility requirements of Ambulance Gateway.

Authorization

Note: This section must be signed by a representative of your organization who is empowered to authorize this application.

By signing this application, I confirm that our organization has completed review of this application and is recommending the applicant for the Ambulance Gateway program. I further confirm that I am empowered by our organization to approve this application.

Your full name: _____

Your position/title: _____

Your signature: _____

Today's date: _____

Submission Instructions

To complete the application process, do the following:

1. Complete this "Distributor Section" of the application fully and legibly.
2. Scan this application into PDF format.
3. Send an email to Ambulance Gateway as follows:
 - a. To: application@AmbulanceGateway.org
 - b. CC: (use contact email in "Requesting Agency" section of this application)
 - c. Subject: "Ambulance application for xxx"
(Where "xxx" is the name of your organization.)
 - d. Attachments: Attach any additional attachments that were supplied by the applicant.

You and the applicant will be notified of receipt of the application.