

# **Application: Primary Service Area (PSA) Change** ***(Non-Controversial Only)***

## **Please Note:**

- Application form must be typed or hand printed.
- Application form must be complete, as required by Minnesota Statutes 144E.07.
- This application must be submitted to add any geographic area currently unassigned to any ambulance PSA.
- Questions? Contact the appropriate EMS specialist for further information or assistance.

## **Enclosures:**

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Description of Current State Designated PSA

## **Submit Application To:**

Minnesota Emergency Medical Services Regulatory Board  
2829 University Avenue SE #310  
Minneapolis, Minnesota 55414-3222

**Application: Non-Controversial Change of Ambulance Primary Service Area (PSA)  
(Minnesota Statutes Section 144E.07)**

ALL DATA CONTAINED ON THIS APPLICATION AND SUPPORTING DOCUMENTATION ARE PUBLIC INFORMATION

1. **SERVICE NAME:** \_\_\_\_\_ **State EMS#:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City) (State) (ZIP Code)

**MANAGER'S NAME:** \_\_\_\_\_

**PHONE:** Daytime: ( ) \_\_\_\_\_ Alternate: ( ) \_\_\_\_\_

2. **BASE OF OPERATION:**

\_\_\_\_\_  
(Street Address or Location, **not** P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

3. **SUBSTATIONS:** (Locations in which vehicles, personnel or equipment will be located)

\_\_\_\_\_  
(Street Address or Location, **not** P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

\_\_\_\_\_  
(Street Address or Location, **not** P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

(List additional substations on separate page)

4. **REASON FOR CHANGE: (Circle all that apply)**

Retraction of PSA    Overlapping Expansion of PSA    Undesignated Geographic Area Expansion of PSA

5. **PSA SUMMARY APPROVAL: REQUIRED DOCUMENTATION: This information must be submitted to identify the geographic area and address applicable requirements of Minnesota Statute Section 144E.07**

A. **DESCRIPTION OF GEOGRAPHIC RE-DEFINITION OF PSA**

1. Attach a copy of licensee's **current** Board-designated PSA.
2. Submit the **proposed** PSA (form attached), *in the format of the current Board-designated PSA*.
3. List county coordinates for townships and/or township sections added to, and/or deleted from present Board-designated PSA (form attached).

**B. RETRACTION OF PSA**

Submit written documentation showing that another licensed ambulance service (licensed for the proposed area of withdrawal) is providing or will provide ambulance coverage within the proposed area of withdrawal. This documentation must be signed and dated by all licensees affected by the retraction of PSA. (NOTE: proposed coverage by another licensed service must be consistent with applicable licensing statutes and rules)

**C. OVERLAPPING EXPANSION OF PSA**

Submit written documentation from the service(s) whose PSAs overlap the proposed expansion area, a) approving the expansion, and b) agreeing to withdraw any service coverage from the proposed expansion area.

**D. UNDESIGNATED GEOGRAPHIC AREA**

Submit written documentation of approval from the ambulance service(s) which are contiguous to the proposed expansion area, OR, provide evidence of historically providing 911 ambulance coverage to the undesignated area. Evidence must include a minimum of a 12-month history of primary ambulance coverage to the undesignated area.

**E. (OPTIONAL - but highly recommended)**

For **overlapping expansion of PSA** or **undesignated geographic area expansion of PSA**, the applicant **may** include documentation from the appropriate public safety answering point coordinator(s) endorsing the proposed change(s).

**6. MUTUAL AID COVERAGE (changes only - if none circle "No Change")**

Service Name: \_\_\_\_\_ State EMS#: \_\_\_\_\_

No Change

Service Name: \_\_\_\_\_ State EMS#: \_\_\_\_\_

Is there an agreement for ALS intercept? YES NO (If yes service name: \_\_\_\_\_)

**7. RESPONSE TIMES / DISTANCES / POPULATION**

Maximum and average **response times** from the base of operation or substation to the most distant point within the proposed PSA.

MAXIMUM Response Time: \_\_\_\_\_ minutes (to most distant point)

AVERAGE Response Time: \_\_\_\_\_ minutes (to most distance point)

Maximum **distance** from the base of operation or from a 24-hour substation to the most distant point in the proposed PSA (whichever is less): \_\_\_\_\_ miles

Total **population** in current PSA (1990 Census or later projection): \_\_\_\_\_

Total **population** in proposed PSA (1990 Census or later projection): \_\_\_\_\_

**8. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

I certify that the information contained in this application is correct and true to the best of my knowledge.

**SERVICE NAME:** \_\_\_\_\_

**EMS #:** \_\_\_\_\_

1. Additional township(s) and/or township section(s) coordinates to be added to current Board-designated primary service area:

2. Township(s) and township section(s) coordinates to be withdrawn from the current primary service area (if applicable):

# Proposed Primary Service Area:

Ambulance Service: \_\_\_\_\_

EMS#: \_\_\_\_\_

The Primary Service area is within the following County or Counties:

The Primary Service includes the following Cities:

The Primary Service area includes the following townships and township sections (by county coordinates):