

RESOLUTION NO. 2018 - 13

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF RIO BLANCO COUNTY, COLORADO, APPROVING THE RENEWAL OF AN AMBULANCE SERVICE LICENSE FOR THE RIO BLANCO FIRE PROTECTION DISTRICT - MEEKER AMBULANCE SERVICE

WHEREAS, by Resolution number 2006-34, known as the Emergency Medical Services Resolution, adopted by the Board of County Commissioners of Rio Blanco County, Colorado, (BOCC) on December 18, 2006, ambulance service providers operating in Rio Blanco County are required to be licensed annually; and

WHEREAS, the BOCC has received an application for renewal of an Ambulance Service License from Rio Blanco Fire Protection District - Meeker Ambulance Service; and

WHEREAS, on the 16th day of April, 2018 the BOCC held a public hearing upon notice as required by law, to permit the receipt of input from any interested parties; and

WHEREAS, after reviewing the application, the BOCC has determined it to be complete; and

WHEREAS, BOCC has reviewed the Applicant's record of service during the preceding year and is satisfied appropriate ambulance services have been provided by the Applicant in its service area;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF RIO BLANCO COUNTY, COLORADO:

The renewal application for an Ambulance Service License submitted by the Rio Blanco Fire Protection District - Meeker Ambulance Service is hereby approved and an Ambulance Service License shall be issued effective April 16, 2018, which shall remain in effect until April 15, 2019.

DULY MOVED, SECONDED AND PASSED ON A VOTE OF 3 FOR AND

0 AGAINST, this 16th day of April, 2018.



ATTEST:

Boots M. Campbell
Boots M. Campbell
Clerk to the Board
Shawn M. Luce
Shawn M. Luce
Deputy Clerk

**BOARD OF COUNTY COMMISSIONERS
OF RIO BLANCO COUNTY, COLORADO**

Shawn J. Bolton
Shawn J. Bolton, Chairman

Jeff Rector
Jeff Rector, Commissioner

Si Woodruff
Si Woodruff, Commissioner



- Owner Partner Stockholder **Director**
 Name: Sherri Halandras, Secretary/Treasurer
 Address: PO Box 737
 City: Meeker State: CO ZIP: 81641
 Telephone: 970-629-0135 (cell) (fax)
 E-mail:

- Owner Partner Stockholder **Director**
 Name: Rick Dodds
 Address: PO Box 737
 City: Meeker State: CO ZIP: 81641
 Telephone: 970-618-3263 (cell) (fax)
 E-mail:

- Owner Partner Stockholder **Director**
 Name: Stephanie Kobald
 Address: PO Box 737
 City: Meeker State: CO ZIP: 81641
 Telephone: 970-529-6262 (cell) (fax)
 E-mail:

APPLICANT'S ATTESTATION AND SIGNATURE: The *, by this application, agrees to, and complies with, all provisions of these Regulations, or any amendments thereto, any other conditions pertinent to the license reasonably imposed by the Board, and all applicable provisions of Federal, State and local laws, rules and regulations in order to maintain licensure.

BY:  4/10/18

- 6. Area to be served by the ambulance service (if described on map write "See attached map"):

- 7. Location(s) from which it is intended to operate the ambulance service:

- 8. List of mutual aid or automatic aid agreements (if listed in attachment write "See attached"):

- 9. Waiver of fees (check one, if applicable):

Renewal license for an ambulance service operated by:

- a county government.
- a special district.**
- a town or city government.
- other government or political subdivision.
- a not-for-profit corporation.
- a volunteer ambulance service.

Attach additional required documents to this application (see instructions for requirements).

Medical Director Attestation

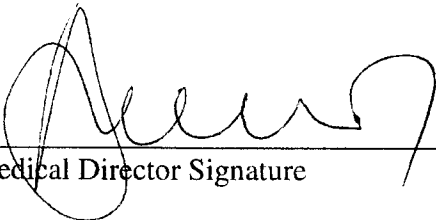
1. Name of Ambulance Service: Meeker Fire Rescue

2. Contact information for the medical director of the ambulance service:

Name: Albert Kreuger
 Mailing address: 100 PMC Drive
 Physical address:
 City: Meeker State: CO ZIP: 81641
 Telephone: (business) (fax)
 Telephone: (cell) 970 274 0850 (pager)
 E-mail: Medical License #: 28495

2. Attestation by medical director.

By my signature below, I attest that I am the medical director of record for this ambulance service, I am willing to supervise the medical acts of all personnel on the ambulance service and provide an ongoing medical continuous quality improvement program for the ambulance service consistent with the requirements established by the Colorado Board of Medical Examiners pursuant to 3 CCR 713-6, Rule 500, 3.2, b, or its successor. I agree to notify the Board of County Commissioners, in writing, if I cease to serve as medical director for this ambulance service during the term of the ambulance service license.



 Medical Director Signature

4/10/2018

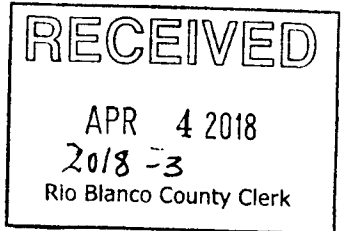
 Date

Instructions for Medical Director Attestation

This application is a Microsoft Word form. Use the CURSOR or TAB key to move between data entry fields. It may be helpful for you to save a copy of this form with the basic information completed. You can simply print out another copy for the medical director's signature if no information has changed when it is time to submit a renewal application.

1. Enter the name under which the ambulance service will be licensed.
2. Complete the contact information for the for the medical director of the ambulance service.
3. Signature by the medical director for the ambulance service.

Attach the original document signed by the medical director to the ambulance service license application. The ambulance service license application must include this attestation by the



Application for Ambulance Vehicle Permit

1. Name of Ambulance Service:

Rio Blanco Fire Protection District-Meeker Ambulance

2. Type of permit (check one): BLS ambulance ALS ambulance.

3. Contact information for ambulance owner:

Name: Rio Blanco Fire Protection District
Address: Post Office Box 737
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0015 (fax)
E-mail: chief@meekerrescue.com

4. Contact information for the person applying for the license:

Name: Terry Skidmore
Mailing address: Post Office Box 737
Physical address: 236 Seventh Street
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0115 (fax)
Telephone: 970-620-3742 (cell) (pager)
E-mail: tskidmore@meekerrescue.com

5. Ambulance information:

Chassis year: 2012 Make: Ford Model: F450
VIN: 1FDUF4HT7CEB69201 License plate: None
Ambulance type (check one): I II III Other
Date in service (month/year): 06/2012
Color: Red with gold stripe
Other distinguishing characteristics:

6. Waiver of fees (check one, if applicable):

Renewal permit for an ambulance operated by:

- a county government.
- a special district.
- a town or city government.
- other government or political subdivision.
- a not-for-profit corporation.
- a volunteer ambulance service.

Replacement of an ambulance with a current permit:

- accidental loss.
- retirement.

VIN of ambulance lost or retired:

Attach additional required documents to this application (see instructions for requirements).



Instructions for Application for Ambulance Vehicle Permit

This application is a Microsoft Word form. Use the CURSOR or TAB key to move between data entry fields. It may be helpful for you to save a copy of this form with the basic information completed, or save a copy of the completed form specific for each vehicle. You can simply print out another copy if no information has changed when it is time for you to submit your renewal.

1. Enter the name under which the ambulance service will be licensed.
2. Check the type of permit requested for this vehicle. Apply for the type of permit based on the maximum level of service that could be provided at any time by that vehicle and appropriate staff. Only check one.
3. Complete the contact information for the registered owner of the ambulance.
4. Complete the contact information for the person applying for the license.
5. Complete the information about this ambulance.

VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.

A Type I ambulance has a truck chassis with a modular ambulance box, a Type II ambulance has a standard van chassis, and a Type III has a cutaway van chassis with a modular ambulance box. Use Other for ambulances based on other chassis types.

Briefly describe the ambulance color scheme. For example: white with red and blue stripes, white/silver with blue beltline stripe, red with gold lettering.

Describe any other significant distinguishing characteristics. For example: yellow sunburst logo, green and blue logo showing mountain lake scene.

6. Certain types of organizations are eligible for waiver of fees for permit renewals. Fees are waived for all ambulance services if the permit is for a replacement of an ambulance with a current permit that is retired from service or destroyed by collision, fire or other accident. Check one box, if applicable.

Attachments required for all applications:

- Certificate of ambulance equipment inspection.
- Certificate of mechanical inspection.

Attachments required for an ambulance permit application that is not included at the time of application for ambulance service license:

- Proof of insurance.
- Ambulance inspection fee, if applicable.

COLORADO AUTOMOBILE INSURANCE IDENTIFICATION CARD
(COMMERCIALY INSURED)

COMPANY NUMBER	COMPANY	
098-10804	Acadia Insurance Company	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
3130292-21	07/01/2017	07/01/2018
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2012	FORD	1FDUF4HT7CEB69201
	ALS AMBULANCE	

AGENCY/COMPANY ISSUING CARD: MOUNTAIN WEST INS & FIN SERVICES LLC
100 E VICTORY WAY
CRAIG CO, 81625-0000

PHONE: (970) 824-8185

INSURED:
Rio Blanco Fire Protection District
PO Box 737
Meeker, CO 81641

POLICY PROVIDES COVERAGE REQUIRED BY LAW BI-PO

Certificate of Motor Vehicle Condition

Owner: Rio Blanco Fire Protection District

Year/Make: 2012 Ford (Med 1)

VIN: 1FDUF4HT7CEB69201

Mileage: 19,502

EVALUATION CHECK LIST

ITEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels and tires	X		
Steering, alignment and suspension	X		
Brakes	X		
Lighting and electrical system	X		
Exhaust system	X		
Fuel system	X		
Glass, body and sheet metal	X		

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not warrantee future status of the vehicle operating condition due to conditions beyond my control.

Valley Repair
Company, Shop or Agency name

Luke Pelloni
Mechanic name (print or type)

431 E Market
Address

[Signature]
Mechanic signature

Date

EMS Services

Eric Thomas Schmidt • Post Office Box 775518 • Steamboat Springs, Colorado 80477 • 719.336.1214 • Ems@ecs@aol.com

AMBULANCE CERTIFICATION

I certify that the vehicle described herein has been inspected and meets the requirements for an advanced-life-support-equipped ambulance set forth by the Rio Blanco County Board of Commissioners and the State of Colorado.

Inspector's
Signature



Date

3 February 2018

Name of Service:

Rio Blanco Fire Protection District - Meeker
Ambulance

Address:

Post Office Box 737
Meeker, Colorado 81641

Ambulance Type:

1

Chassis Year and Make:

2012 Ford

Body/Conversion Manufacturer:

Braun Northwest

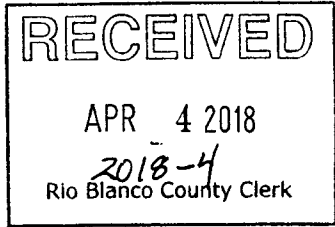
Vehicle Identification Number:

1FDUF4HT7CEB69201

License Number:

Unit Number:

Med I



Application for Ambulance Vehicle Permit

1. Name of Ambulance Service:

Rio Blanco Fire Protection District-Meeker Ambulance

2. Type of permit (check one): BLS ambulance ALS ambulance.

3. Contact information for ambulance owner:

Name: Rio Blanco Fire Protection District
Address: Post Office Box 737
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0015 (fax)
E-mail: chief@meekerrescue.com

4. Contact information for the person applying for the license:

Name: Terry Skidmore
Mailing address: Post Office Box 737
Physical address: 236 Seventh Street
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0115 (fax)
Telephone: 970-620-3742 (cell) (pager)
E-mail: tskidmore@meekerrescue.com

5. Ambulance information:

Chassis year: 2017 Make: Ford Model: F450
VIN: 1FDUF4HT2HEF21222 License plate: None
Ambulance type (check one): I II III Other
Date in service (month/year): 03/2018
Color: Red with Black Strips
Other distinguishing characteristics:

6. Waiver of fees (check one, if applicable):

Renewal permit for an ambulance operated by:

- a county government.
- a special district.
- a town or city government.
- other government or political subdivision.
- a not-for-profit corporation.
- a volunteer ambulance service.

Replacement of an ambulance with a current permit:

- accidental loss.
- retirement.

VIN of ambulance lost or retired:

Attach additional required documents to this application (see instructions for requirements).

Instructions for Application for Ambulance Vehicle Permit

This application is a Microsoft Word form. Use the CURSOR or TAB key to move between data entry fields. It may be helpful for you to save a copy of this form with the basic information completed, or save a copy of the completed form specific for each vehicle. You can simply print out another copy if no information has changed when it is time for you to submit your renewal.

1. Enter the name under which the ambulance service will be licensed.
2. Check the type of permit requested for this vehicle. Apply for the type of permit based on the maximum level of service that could be provided at any time by that vehicle and appropriate staff. Only check one.
3. Complete the contact information for the registered owner of the ambulance.
4. Complete the contact information for the person applying for the license.
5. Complete the information about this ambulance.

VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.

A Type I ambulance has a truck chassis with a modular ambulance box, a Type II ambulance has a standard van chassis, and a Type III has a cutaway van chassis with a modular ambulance box. Use Other for ambulances based on other chassis types.

Briefly describe the ambulance color scheme. For example: white with red and blue stripes, white/silver with blue beltline stripe, red with gold lettering.

Describe any other significant distinguishing characteristics. For example: yellow sunburst logo, green and blue logo showing mountain lake scene.

6. Certain types of organizations are eligible for waiver of fees for permit renewals. Fees are waived for all ambulance services if the permit is for a replacement of an ambulance with a current permit that is retired from service or destroyed by collision, fire or other accident. Check one box, if applicable.

Attachments required for all applications:

- Certificate of ambulance equipment inspection.
- Certificate of mechanical inspection.

Attachments required for an ambulance permit application that is not included at the time of application for ambulance service license:

- Proof of insurance.
- Ambulance inspection fee, if applicable.

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SCOTIAP

COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
10804 **Continental Western Group**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
FDK3130292 **07/01/2017** **07/01/2018**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2017 **Ford F450 B1s Ambulance** **1FDUF4HT2HEF21222**

AGENCY/COMPANY ISSUING CARD
Mountain West In & Fin Serv LLC
100 E. Victory Way
Craig, CO 81625

INSURED
Rio Blanco Fire Protection District
PO Box 737
Meeker, CO 81641

BI and PD Coverage Provided
SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

Certificate of Motor Vehicle Condition

Owner: Rio Blanco Fire Protection District

Year/Make: 2017 Ford (Med 2)

VIN: 1FDUF4HT2HEF21222

Mileage: 1166.5

EVALUATION CHECK LIST

ITEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels and tires	X		
Steering, alignment and suspension	X		
Brakes	X		
Lighting and electrical system	X		
Exhaust system	X		
Fuel system	X		
Glass, body and sheet metal	X		

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not warrantee future status of the vehicle operating condition due to conditions beyond my control.

Valley Repair
Company, Shop or Agency name

Luke Pelloni
Mechanic name (print or type)

431 E Market St
Address
Page 3 of 3

LP
Mechanic signature
Date

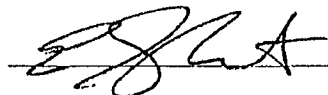
EMS Services

Eric Thomas Schmidt • Post Office Box 775518 • Steamboat Springs, Colorado 80477 • 719.330.1214 • Emssvcs@aol.com

AMBULANCE CERTIFICATION

I certify that the vehicle described herein has been inspected and meets the requirements for an advanced-life-support-equipped ambulance set forth by the Rio Blanco County Board of Commissioners and the State of Colorado.

Inspector's
Signature



Date

3 February 2018

Name of Service:

Rio Blanco Fire Protection District - Meeker
Ambulance

Address:

Post Office Box 737
Meeker, Colorado 81641

Ambulance Type:

I

Chassis Year and Make:

2017 Ford

Body/Conversion Manufacturer:

Braun Northwest

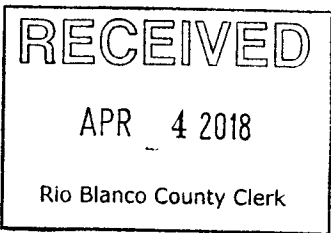
Vehicle Identification Number:

1FDUF4HT2HEF21222

License Number:

Unit Number:

Med 2



BOOK 594 PAGE 447

Application for Ambulance Vehicle Permit

1. Name of Ambulance Service:

Rio Blanco Fire Protection District-Meeker Ambulance

2. Type of permit (check one): BLS ambulance ALS ambulance.

3. Contact information for ambulance owner:

Name: Rio Blanco Fire Protection District
Address: Post Office Box 737
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0015 (fax)
E-mail: chief@meekerrescue.com

4. Contact information for the person applying for the license:

Name: Terry Skidmore
Mailing address: Post Office Box 737
Physical address: 236 Seventh Street
City: Meeker State: CO ZIP: 81641
Telephone: 970-878-3443 (business) 970-878-0115 (fax)
Telephone: 970-620-3742 (cell) (pager)
E-mail: tskidmore@meekerrescue.com

5. Ambulance information:

Chassis year: 2001 Make: Ford Modcl: F450
VIN: 1FDXF47F31EB59027 License plate: NONE
Ambulance type (check one): I II III Other
Date in service (month/year): 10/2001
Color: White with Blue Stripes
Other distinguishing characteristics:

6. Waiver of fees (check one, if applicable):

Renewal permit for an ambulance operated by:

- a county government.
- a special district.
- a town or city government.
- other government or political subdivision.
- a not-for-profit corporation.
- a volunteer ambulance service.

Replacement of an ambulance with a current permit:

- accidental loss.
- retirement.

VIN of ambulance lost or retired:

Attach additional required documents to this application (see instructions for requirements).

Instructions for Application for Ambulance Vehicle Permit

This application is a Microsoft Word form. Use the CURSOR or TAB key to move between data entry fields. It may be helpful for you to save a copy of this form with the basic information completed, or save a copy of the completed form specific for each vehicle. You can simply print out another copy if no information has changed when it is time for you to submit your renewal.

1. Enter the name under which the ambulance service will be licensed.
2. Check the type of permit requested for this vehicle. Apply for the type of permit based on the maximum level of service that could be provided at any time by that vehicle and appropriate staff. Only check one.
3. Complete the contact information for the registered owner of the ambulance.
4. Complete the contact information for the person applying for the license.
5. Complete the information about this ambulance.

VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.

A Type I ambulance has a truck chassis with a modular ambulance box, a Type II ambulance has a standard van chassis, and a Type III has a cutaway van chassis with a modular ambulance box. Use Other for ambulances based on other chassis types.

Briefly describe the ambulance color scheme. For example: white with red and blue stripes, white/silver with blue beltline stripe, red with gold lettering.

Describe any other significant distinguishing characteristics. For example: yellow sunburst logo, green and blue logo showing mountain lake scene.

6. Certain types of organizations are eligible for waiver of fees for permit renewals. Fees are waived for all ambulance services if the permit is for a replacement of an ambulance with a current permit that is retired from service or destroyed by collision, fire or other accident. Check one box, if applicable.

Attachments required for all applications:

- Certificate of ambulance equipment inspection.
- Certificate of mechanical inspection.

Attachments required for an ambulance permit application that is not included at the time of application for ambulance service license:

- Proof of insurance.
- Ambulance inspection fee, if applicable.

COLORADO AUTOMOBILE INSURANCE IDENTIFICATION CARD
(COMMERCIAL/INSURED)

COMPANY NUMBER	Acadia Insurance Company	
098-10804	EFFECTIVE DATE	EXPIRATION DATE
POLICY NUMBER	07/01/2017	07/01/2018
30292-21	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
YEAR	FORD	1FDXF47F31EB59027
2001	ALS AMBULANCE	PHONE:
		(970) 824-8185

AGENCY/COMPANY ISSUING CARD:
MOUNTAIN WEST INS & FIN SERVICES LLC
100 E VICTORY WAY
CRAIG CO, 81625-0000

INSURED:
Rio Blanco Fire Protection District
PO Box 737
Meeker, CO 81641

POLICY PROVIDES COVERAGE REQUIRED BY LAW BI-PD

Certificate of Motor Vehicle Condition

Owner: Rio Blanco Fire Protection District

Year/Make: 2001 Ford (Med 3)

VIN: 1FDXF47F31EB59027

Mileage: 86,376

EVALUATION CHECK LIST

ITEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels and tires	X		
Steering, alignment and suspension	X		
Brakes	X		
Lighting and electrical system	X		
Exhaust system	X		
Fuel system	X		
Glass, body and sheet metal	X		

As a qualified motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not warrantee future status of the vehicle operating condition due to conditions beyond my control.

Valley Repair
Company, Shop or Agency name

Luke Pelton
Mechanic name (print or type)

431 E Market St.
Address

LP
Mechanic signature

Date

AMBULANCE CERTIFICATION

I certify that the vehicle described herein has been inspected and meets the requirements for an advanced-life-support-equipped ambulance set forth by the Rio Blanco County Board of Commissioners and the State of Colorado.

Inspector's
Signature



Date

3 February 2018

Name of Service:

Rio Blanco Fire Protection District - Meeker
Ambulance

Address:

Post Office Box 737
Meeker, Colorado 81641

Ambulance Type:

I

Chassis Year and Make:

2001 Ford

Body/Conversion Manufacturer:

Road Rescue

Vehicle Identification Number:

1FDXF47F31EB59027

License Number:

715-IUR

Unit Number:

Med 3

594-452

State of Colorado, County of Rio Blanco
BY AUTHORITY OF THE BOARD OF COUNTY COMMISSIONERS

AMBULANCE PERMIT #2018-3

This is to certify that

Rio Blanco Fire Protection District ~ Meeker Ambulance Service

IS HEREBY authorized to operate an Advanced Life Support Ambulance in Rio Blanco, Colorado, pursuant to the Rio Blanco County Ambulance Resolution #2006-34 and the laws of the State of Colorado, for a period of one year, under Ambulance Service License #2018-2.

Vehicle Description: 2012 Ford F450, 1FDUF4HT7CEB69201


This license is issued subject to the laws of the State of Colorado and especially under the provisions of Article 46 and 47 of Title 12, Colorado Revised Statutes, as amended.

IN TESTIMONY WHEREOF, the Board of County Commissioners has hereunto subscribed its name by its officers duly authorized this 16th day of April 2018.

Attest:

Board of County Commissioners


Torrie Cook, Chief Deputy


Shawn J. Bolton, Chairman

This permit expires on April 15, 2019.

This permit must remain in the ambulance and is not transferable.

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State of Colorado, County of Rio Blanco
BY AUTHORITY OF THE BOARD OF COUNTY COMMISSIONERS

AMBULANCE PERMIT #2018-4

This is to certify that

Rio Blanco Fire Protection District ~ Meeker Ambulance Service


IS HEREBY authorized to operate an Basic Life Support Ambulance in Rio Blanco, Colorado, pursuant to the Rio Blanco County Ambulance Resolution #2006-34 and the laws of the State of Colorado, for a period of one year, under Ambulance Service License #2018-2.

Vehicle Description: 2017 Ford F450, 1FDUF4HT2HEF21222


This license is issued subject to the laws of the State of Colorado and especially under the provisions of Article 46 and 47 of Title 12, Colorado Revised Statutes, as amended.

IN TESTIMONY WHEREOF, the Board of County Commissioners has hereunto subscribed its name by its officers duly authorized this 16th day of April 2018.

Attest:


Torfe Cook, Chief Deputy

Board of County Commissioners


Shawn J. Bolton, Chairman

This permit expires on April 15, 2019.

This permit must remain in the ambulance and is not transferable.

State of Colorado, County of Rio Blanco
BY AUTHORITY OF THE BOARD OF COUNTY COMMISSIONERS

AMBULANCE PERMIT #2018-5

This is to certify that

Rio Blanco Fire Protection District ~ Meeker Ambulance Service

IS HEREBY authorized to operate an Advanced Life Support Ambulance in Rio Blanco, Colorado, pursuant to the Rio Blanco County Ambulance Resolution #2006-34 and the laws of the State of Colorado, for a period of one year, under Ambulance Service License #2018-2.

Vehicle Description: 2001 Ford F450, 1FDXF47F31EB59027

This license is issued subject to the laws of the State of Colorado and especially under the provisions of Article 46 and 47 of Title 12, Colorado Revised Statutes, as amended.

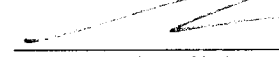
IN TESTIMONY WHEREOF, the Board of County Commissioners has hereunto subscribed its name by its officers duly authorized this 16th day of April 2018.

Attest:



Torrie Cook, Chief Deputy

Board of County Commissioners



Shawn J. Bolton, Chairman

This permit expires on April 15, 2019.

This permit must remain in the ambulance and is not transferable.

No. 2018-2

This License Expires the 15th of April 2019

License Fees \$.00

State of Colorado, County of Rio Blanco
BY AUTHORITY OF THE BOARD OF COUNTY COMMISSIONERS

***Advance Life Support
Ambulance Service License***
**Rio Blanco Fire Protection District
Meeker Ambulance Service**

This is to certify that

IS HEREBY authorized to operate as an Advanced Life Support Ambulance Service in Rio Blanco County, Colorado, pursuant to the Rio Blanco County Ambulance Resolution #2006-34 and the laws of the State of Colorado, for a period of one year.

IN TESTIMONY WHEREOF, the Board of County Commissioners has hereunto subscribed its name by its officers duly authorized this 16th day of April 2018.

Attest:

Boots M. Campbell
Boots M. Campbell, County Clerk



Board of County Commissioners

[Signature]

Shawn J. Bolton, Chairman

This license is not transferable.

copy