

## LEVY COUNTY DEPARTMENT OF PUBLIC SAFETY

### Application for Request of ALS or BLS Unit and Crew

#### Description of Fee/Service/Policy

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##### Events Where EMS Units and Crew are requested

A per hour fee shall be charged to the party who requests or who is required to have an ambulance crew to be present at a particular event (herein referred to as "Applicant"). The Applicant must complete and submit an application to the Levy County Department of Public Safety at least two (2) weeks prior to the event. One application can apply to multiple dates for an event provided that the application specifies all the dates for the event. Cancellations by an Applicant must be made twenty-four (24) hours in advance, unless the cancellation is due to inclement weather, in which case a minimum of four (4) hours notice is required. Times for charges are calculated from the actual time of arrival of the ambulance and crew at the occasion or event, or the requested time of arrival, whichever is later and as documented by the Department report. Increments of greater than seven (7) minutes will be rounded up to the next quarter hour. All fees for the estimated and requested time for the ambulance and crew for any occasion or event shall be paid in advance. In the event the time was estimated too low, the Applicant shall pay for the additional time required promptly after the event.

**NOTE:** The County cannot and does not guarantee availability of a unit and crew for any given event or request. The County also reserves the right to cancel the attendance of a unit and crew at any event regardless of whether the Applicant has paid. In the event of cancellation by the County, the Applicant shall not be required to pay any fees and any prepaid fees shall be refunded to the Applicant promptly.

**NOTE:** Any patient requiring services at an event at which a unit and crew have been requested and are present will be responsible for the applicable patient fees.

##### Stand-by Services

This is a service offered **ONLY** to not-for-profit or governmental entities. It entails the presence of a unit and crew at an event, which unit and crew will remain at that event unless and until the unit and crew are called out to provide EMS services elsewhere or become otherwise unavailable, solely at the discretion of the Department. **THERE IS NO CHARGE FOR STAND-BY SERVICE.**

**NOTE:** In the event a not-for-profit or governmental entity desires to have a unit and crew present for the duration of an event without the unit and crew being subject to being called out to provide EMS services elsewhere or become otherwise unavailable, then the entity shall be required to make application and be subject to the fees and requirements stated below.

**The fees for the particular units and crews requested for this service are as follows:**

**ALS Unit and Crew** \$140.00 per hour  
*This unit is equipped with a paramedic that can provide advanced patient care until a transport unit arrives on scene.*

**BLS Unit and Crew** \$70.00 per hour  
*This unit is equipped with an EMT that can provide basic patient care until a transport unit arrives on scene.*

Submit the completed application in one of the following ways:

- Mail to Levy County Department of Public Safety, PO Box 448, Bronson, FL 32621
- In person at our administrative office: 1251 NE CR 343, Bronson, FL 32621
- Fax to 352-486-5401
- Email to Alesha Arnold at [aarnold@levydps.com](mailto:aarnold@levydps.com)
- In case of questions, please contact our office at 352-486-5209

## Application for Request of ALS or BLS Unit and Crew

Name of Business or Organization \_\_\_\_\_

Name, address, phone number, and fax number of the person applying for this request:

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact person and phone number if different than above:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Event \_\_\_\_\_

Address of event \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Will the event occur more than once? **YES or NO** If yes, list all dates and times below.

\_\_\_\_\_

\_\_\_\_\_

(If more space is needed, attach additional information on another sheet.)



## Application Questions

Are you a not-for-profit organization? **YES** or **NO** If YES, attach the 501C3.

Are you a governmental entity? **YES** or **NO** If YES, which entity? \_\_\_\_\_

***If you answered YES to either question above, are you requesting the EMS service to be committed to your event for the duration of the event? YES or NO***

Circle what type of service you are requesting:

**ALS Unit with Paramedic** – (This unit is equipped with a paramedic that can provide advanced patient care until a transport unit arrives on scene.)

**BLS Unit with EMT** – (This unit is equipped with an EMT that can provide basic patient care until a transport unit arrives on scene.)

Are you required to have EMS on scene with your event?

**YES** or **NO**

I, \_\_\_\_\_ agree that all information submitted on this  
Name of Applicant

application is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Approved      \_\_\_\_\_ Denied

LCDPS Director Signature \_\_\_\_\_ Date \_\_\_\_\_