



Philadelphia Regional Emergency Medical Services



STATEMENT OF OWNERSHIP

Please complete this form and submit it with your ambulance licensure application. Be sure to list all owners and partial owners of your service. Please use additional sheets as necessary.

Name of Person Competing This Form: _____ Title: _____

Name of Ambulance Service: _____

Address: _____

Telephone/FAX: _____

Owner's Name: _____ % Ownership: _____

Position in Company (President, secretary, partner, etc.): _____

Home address: _____

Telephone/FAX/ E-mail: _____

Please list all ambulance companies you have owned or worked for. Use additional sheets as necessary.

Name of Company	Relationship to Company	Dates

Owner's Name: _____ % Ownership: _____

Position in Company (President, secretary, partner, etc.): _____

Home address: _____

Telephone/FAX/ E-mail: _____

Please list all ambulance companies you have owned or worked for. Use additional sheets as necessary.

Name of Company	Relationship to Company	Dates

Owner's Name: _____ % Ownership: _____

Position in Company (President, secretary, partner, etc.): _____

Home address: _____

Telephone/FAX/ E-mail: _____

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Name of Company	Relationship to Company	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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