



**EMERGENCY MEDICAL SERVICES  
PROVIDER LICENSE  
DECLARATION FORM  
REVISED: 09/07/2017**

Submit the completed form to the appropriate address and with the appropriate cover sheet when mailing or upload with your online renewal application

All Forms Are Available On The EMS-Trauma System Webpage

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>:

Fax Number: 512-834-6714 Email: [EMSPROVIDERFRO@dshs.texas.gov](mailto:EMSPROVIDERFRO@dshs.texas.gov)

Privacy Notification: With a few exceptions, you have the right to request and be informed about information the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect.

See <http://www.dshs.state.tx.us> for more information on Privacy Notification.

(Reference: Government Code, Section 552.021, 552.023 and 559.004)

TYPE OR PRINT IN BLACK INK

**Select One:**

☐ Initial Application    ☒ Renewal Application

☐ Other \_\_\_\_\_

**Fill in Requested Information:**

**DSHS License Number:** 246013 (Leave blank if initial application.)

**Federal Employer Identification Number:** 74-6000978

**National Provider Identifier Number:** 1114995586

**Section 1 – Name of Legal Entity Applying for License**

Williamson County EMS

**Section 2 – Entity Assumed or Operating Name(s), list all if applicable.**

*If applicable, attach copies of all assumed name certificates.*

**Legal Entity Name:** Williamson County EMS

**Section 3 – Name(s) to be used on Vehicles**

*If different from Section 1&2, must provide written explanation.*

**Section 4 – Chief Executive Officer/Owner or Highest Elected Official (Government)**

Name: William Walker Gravell Jr.

Title: County Judge

Address: 710 S. Main Street

City Georgetown

County Williamson

State: TX

Zip: 78626

Phone: 512-943-1665

Email: bgravell@wilco.org

**Section 5 – Administrator of Record**

Name: Michael J. Knipstein

Title: Director

Address: 3189 SE Inner Loop

City Georgetown

County Williamson

State: TX

Zip: 78626

Phone: 512-943-1264

Email: mknipstein@wilco.org

TX EMS Certification/ID #:

37329

☐ A completed EMS Administrator of Record Form is attached or has been included.

**This area intentionally left blank**

**Legal Entity Name:** Williamson County EMS

**Section 6 – Alternate Contact**

*The person who can answer questions if administrator is unavailable.*

Name: Edward F. Tydings

Title: Division Commander - Operations

Address: 3189 SE Inner Loop

City Georgetown

County Williamson

State: TX

Zip: 78626

Phone: 512-943-1264

Email: edtydings@wilco.org

**Section 7 – Designated Infection Control Officer**

Name: Danielle Collins

Title: Field Training Officer

Address: 3189 SE Inner Loop

City: Georgetown

County Williamson

State: TX

Zip: 78626

Phone: 512-943-1264

Email: danielle.collins@wilco.org

**Section 8 – Physician Medical Director**

*Address must be where the physician receives mail.*

Name: Jeffrey L. Jarvis

TX Medical License #: M5251

Address: 3189 SE Inner Loop

City Georgetown

County Williamson

State: TX

Zip: 78626

Phone: 512-943-1264

Email: jjarvis@wilco.org

**This area intentionally left blank**

**Legal Entity Name:** Williamson County EMS

## Section 9 – Vehicle Authorizations

List the number of vehicle authorizations requested at each level and the total.

Basic Life Support (BLS)	
BLS with ALS Capability	
BLS with MICU Capability	25
Advanced Life Support (ALS)	
ALS with MICU Capability	
Mobile Intensive Care Unit (MICU)	
Rotor-Wing	
Fixed Wing	
Specialized	
<b>TOTAL AUTHORIZATIONS REQUESTED</b>	

*\*If requesting specialized vehicle authorization(s), describe the type of specialized vehicle request being made:*

[illegible]

**Legal Entity Name:** Williamson County EMS

**Section 10 – Information**

**10-A: Entity Type:** *Check any that apply or explain.*

☒ **Governmental Entity**

*Type of Government Entity:*

☐ City

☒ County

☐ ESD - Emergency Service District

☐ Hospital District

☐ State Agency

☐ **Hospital**

☐ **Private**

☐ **Other** (Must Explain) \_\_\_\_\_

**10-B: Tax Status:** *You must check only one.*

☒ Government Entity   ☐ For Profit   ☐ Non-Profit 501c3

☐ Other (Must Explain) \_\_\_\_\_

**10-C: Response Type:** *You must check only one.*

☒ Emergency/ 911   ☐ Non-Emergency/Non-911   ☐ Both

**10-D: Trauma Service Area (TSA) – Regional Advisory Council (RAC):**

☒ I attest on behalf of the legal entity mentioned above, that the entity or its management staff participate in a Regional Advisory Council.

**10-E: Emergency Medical Task Force (EMTF) Participant:**

☒ Yes   ☐ No (This is for planning purposes only. Participation not required.)

**This area intentionally left blank**



**Legal Entity Name:** Williamson County EMS

**Section 10 – Information Continued**

**10-F: Expansion by an EMS Provider**

☒ I attest on behalf of the legal entity mentioned above, that the entity and its management staff understand that an EMS provider is prohibited from expanding operations to or stationing any EMS vehicles in a municipality or county other than the municipality or county from which the provider obtained the letter of approval under until after the second anniversary of the date the provider's initial license was issued, unless the expansion or stationing occurs in connection with:

(A) a contract awarded by another municipality or county for the provision of EMS;  
(B) an emergency response made in connection with an existing mutual aid agreement; or (C) an activation of a statewide emergency or disaster response by the department.

**10-G: Subscription Program:**

Does your organization offer a subscription program? ☐ Yes ☒ No  
*\*If yes, please submit all required documentation and information. Air Medical Providers are excluded from this requirement.*

**10-H: EMS Personnel:**

**Compensation Status:**

☒ Paid/Non-Volunteer ☐ Volunteer ☐ Mixed (You may check only one.)

☒ I attest on behalf of the legal entity mentioned above, that all licensed or certified EMS personnel have completed a juris prudence examination approved by DSHS.

----or----

☐ I attest on behalf of the legal entity mentioned above, that all licensed or certified EMS personnel have **NOT** completed a juris prudence examination approved by DSHS and a plan of correction is attached with this declaration form.

**10-I: Medicare and/or Medicaid Eligibility**

☒ I attest on behalf of the legal entity mentioned above, that the entity, applicant, management staff, medical director and/or employees are not excluded from participation in the Medicare and/or Medicaid program.

**Legal Entity Name:** Williamson County EMS

**Section 10 – Information *Continued***

**10-J: Headquarters/Physical Primary Location:**

- ☐ I attest on behalf of the legal entity mentioned above, that no other licensed EMS Provider is located at the Headquarters/Physical Primary Location Street Address.
- ☐ I attest on behalf of the legal entity mentioned above, that the entity owns or has a lease agreement for the Headquarters/Physical Primary Location address.
- ☐ I attest on behalf of the legal entity mentioned above, that the entity understands it must have permission from DSHS to relocate from the Headquarters/Physical Primary Location address prior to moving.

**10-K: Medical Equipment:**

- ☐ I attest on behalf of the legal entity mentioned above, that the entity owns or has a lease for all of the medical equipment that will be used.
- ☐ I attest on behalf of the legal entity mentioned above, that the entity has enough medical equipment so that each vehicle has its own set of medical equipment to operate at the level authorized by DSHS.

**10-L: Vehicles:**

- ☐ I attest on behalf of the legal entity mentioned above, that the entity owns or has a lease for all of the vehicles that will be used.
- ☐ I attest on behalf of the legal entity mentioned above, that the entity and/or management staff understand that authorized vehicles are considered response ready unless the vehicle is designated as being **out of service** using the form provided by the department.

**10-M: Medical Records:**

- ☐ I attest on behalf of the legal entity mentioned above, that the entity has a plan for the going out of business to ensure the maintenance of the medical records.

**This area intentionally left blank**

**Legal Entity Name:** Williamson County EMS

**Section 10 – Information Continued**

**10-N: Knowledge and Experience:**

☒ I attest on behalf of the legal entity mentioned above, that the entity and/or applicant and/or management staff and/or medical director and/or employees are knowledgeable or have experience in the following: The emergency medical dispatch processes; The EMS medical control processes; The EMS billing processes; The quality improvement processes for EMS operations.

**10-O: Management Staff:**

☒ I attest on behalf of the legal entity mentioned above, that the entity and/or management staff have read the Texas Emergency Healthcare Act and the department's EMS rules.

**10-P: Insurance:**

☒ I attest on behalf of the legal entity mentioned above, understand that the entity must maintain motor vehicle liability insurance as required under the Texas Transportation Code.

☒ I attest on behalf of the legal entity mentioned above, understand that the entity must maintain professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, or as necessary per state law during the license period.

**10-Q: RESPONSE HOURS OF OPERATION**

☒ I attest on behalf of the legal entity mentioned above, the entity provides 24/7/365 of their declared service.

**--- OR---**

☐ I attest on behalf of the legal entity mentioned above, is **NOT** available 24/7/365 and has written agreements with other EMS providers for coverage of their declared service area and has notified all the emergency service agencies in the designated service area.

**This area intentionally left blank**



**Legal Entity Name:** Williamson County EMS

**Section 10 – Information *Continued***

**10-R: Letter of Credit:**

Attach a copy of a letter of credit issued by a federally insured bank (FDIC) or savings institution. An emergency medical services provider that is directly operated by a governmental entity is exempt from this section.

Institution Name: \_\_\_\_\_

Date of Letter: \_\_\_\_\_

Amount of required credit: (must choose one)

- ☐ \$100,000 for the initial license and for renewal of the license on the second anniversary of the date the initial license is issued
- ☐ \$75,000 for renewal of the license on the fourth anniversary of the date the license is issued
- ☐ \$50,000 for renewal of the license on the sixth anniversary of the date the initial license is issued
- ☐ \$25,000 for renewal of the license on the eighth anniversary of the date initial license is issued
- ☐ Not required, Explain \_\_\_\_\_
- ☒ Exempt - Governmental Entity

**10-S: Station Locations:**

☒ I attest on behalf of the legal entity mentioned above, the legal entity mentioned above has stations locations.

Please complete and attach the List of Station(s) Location(s) form.

**This area intentionally left blank**

**Legal Entity Name:** Williamson County EMS

**Section 10 – Information Continued**

**10–T: Medicaid Provider Surety Bond**

EMS providers are required to provide a surety bond as a condition of participation in the Medicaid program and as required by the Texas Health and Humans Services Commission. An EMS provider that is directly operated by a governmental entity is exempt from this section.

☐ Yes ☐ No ☒ Exempt (Governmental Entity)

If No, please explain: \_\_\_\_\_

Bond Number: \_\_\_\_\_

Bond Effective Date: \_\_\_\_\_

Name of institution issuing bond and contact telephone number:

\_\_\_\_\_

**Section 11 – Service Area**

Provide the City(s) and County(s) you plan to operate in. If you need more space Please provide all of the required information on a separate piece of paper.

☒ Additional Sheet(s) attached:

1.	City:	Austin	County:	Williamson
2.	City:	Bartlet	County:	Williamson
3.	City:	Cedar Park	County:	Williamson
4.	City:	Copeland	County:	Williamson
5.	City:	Florence	County:	Williamson
6.	City:	Granger	County:	Williamson
7.	City:	Hutto	County:	Williamson
8.	City:	Jarrell	County:	Williamson



## Williamson County Emergency Medical Services Provider License Application 2020

### Declaration Form (Continued) Service Area

Williamson County EMS provides service to all incorporated and unincorporated areas within the borders of Williamson County.

#### City

Leander  
Liberty Hill  
Round Rock  
Taylor  
Thrall  
Weir

#### County

Williamson  
Williamson  
Williamson  
Williamson  
Williamson  
Williamson

**Legal Entity Name:** Williamson County EMS

**Section 12 – Governmental Recognition**

List and attach recognition from governmental entities. This section does not apply to renewal of an emergency medical services provider license or a municipality, county, emergency services district, hospital, or emergency medical services volunteer provider organization in this state that applies for an emergency medical services provider license. If you need more space, please provide all of the required information on a separate piece of paper. Additional Sheet(s) attached: ☐

1.	City:		County:	
2.	City:		County:	
3.	City:		County:	
4.	City:		County:	
5.	City:		County:	
6.	City:		County:	

**Section 13 – Addresses**

**Headquarters/Physical Primary Location Street Address:**

Address: 3189 SE Inner Loop

City: Georgetown

County: Williamson

State: TX

Zip: 78626

Telephone #: 512-943-1264

Fax #:

512-943-1269

**Headquarters/Physical Primary Location Business Hours**

Please list the days and hours of normal operation or a designated day and time when personnel are present so the public may ask questions.

Monday - Friday 8:00 AM - 5:00 PM

☒ I attest on behalf of the legal entity mentioned above, these hours are posted for public viewing on the outside of the building.

**Legal Entity Name:** Williamson County EMS

**Section 13 – Addresses *Continued***

**Business Mailing Address:**

Address: PO Box 73

City: Georgetown

County: Williamson State: TX Zip: 78626

Telephone #: 512-943-1264 Fax #: 512-943-1269

**Billing Office Street Address:** ☐ Same as headquarters

Address: 20 East Tauton Ridge Road #500

City: Berlin

County: Camden State: NJ Zip: 08009

Telephone #: 800-975-3715 Fax #: 856-768-2739

**Dispatch Location Street Address:** ☐ Same as headquarters

Dispatching Agency: Williamson County Emergency Communications

Address: 911 Tracey Chambers Lane

City: Georgetown

County: Williamson State: TX Zip: 78626

Telephone #: 512-864-8282 Fax #: 512-864-8369

**This area intentionally left blank**



**Legal Entity Name:** Williamson County EMS

**Section 14 – Ownership & Type of Legal Entity**

*Complete the following to indicate the type of legal entity and responsible persons:*

- ☒ Government Entity    ☐ Unincorporated Association of People  
☐ Sole Proprietorship    ☐ Partnership/General Partnership  
☐ Corporation            ☐ Limited Liability Company            ☐ Limited Partnership  
☐ Limited Liability Partnership  
☐ Other (*must explain*) \_\_\_\_\_

Please complete this information for all officers, general partners and limited partners of the legal entity. Government Entities should complete this information for the chief elected official (i.e. city mayor or county judge) or appointed officials that are responsible for the entity (i.e. emergency service district or hospital district board members). The Date of Birth's are required.

Name William Walker Gravell Jr.

Date of Birth (MM/DD/YYYY): 02 / 27 / 1964    Title County Judge

Mailing address 710 S. Main Street

City Georgetown    State TX    Zip 78626

Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Title \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Title \_\_\_\_\_

Mailing address \_\_\_\_\_

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

☐ Additional Persons are listed on separate sheet attached.

**Legal Entity Name:** Williamson County EMS

**Section 15 – Signature and Notary**

On behalf of the above named legal entity, I hereby affirm and declare I am authorized to make this Emergency Medical Services Provider application and/or declaration and all information submitted on this form and any supplemental documents are true and correct. I attest and understand the legal entity and I am accountable and responsible for the accuracy of all answers and statements on this form. I attest the legal entity listed on this form meets all requirements for the type of license requested. Further, I understand it is a Class A misdemeanor violation of Texas Penal Code Sec. 37.10 to submit a false statement to a governmental agency. I have read and understand Health and Safety Code Chapter 773 and Texas Administrative Code Title 25, Chapter 157, and agree to adhere to those statutes rules, and all other applicable statutes and rules.

[Signature]  
Signature of Administrator of Record

\_\_\_\_\_  
Signature of CEO/Owner

Michael Knipstein

Printed Name of Administrator of Record

\_\_\_\_\_  
Printed Name of CEO/Owner

**THE STATE OF TEXAS COUNTY OF** Williamson

Before me, the undersigned authority, on this day personally appeared

Mike Knipstein

\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and under oath, acknowledged to me that he/she signed the same for the purpose and consideration therein expressed.

Given under my hand and seal on this

28th

day of

October

, 2019

[Signature]  
Notary Signature

Kaaren Thoene  
Notary Printed Name

My commission expires

2/6/2022

(SEAL)

