

Emergency Medical Services Program Municipal Signature and Population Verification

Instructions: This form is to be used to establish the primary service or contract area for an ambulance service provider under [Wis. Stat. § 256.15\(5\)\(a\)](#) for licensing purposes. This form is also used to establish population for Emergency Medical Service (EMS) providers who qualify for funding under [Wis. Stat. § 256.12\(4\)\(a\)](#). These municipal signatures are required under [Wis. Stat. § 256.12\(4\)\(a\)](#) in order to receive EMS support and improvement funding based on population. Please scan these completed pages and attach to your electronic application found in [E-Licensing](#). Any questions regarding this form can be directed to DHSEMSSmail@dhs.wisconsin.gov.

1. Emergency Medical Service provider information

Name of licensed service provider	Service provider license number
Print name of service director	
Signature – Service director X	Date signed

2. Certification of municipality/contracting agency(ies)

Ambulance service providers: Under [Wis. Stat. § 256.15\(6\)\(c\)2](#) this form shall be completed by the clerk of each county, city, town or village served by the ambulance service provider. Each municipality included in your 911 [primary service area](#) must certify the **total municipal population** and the actual **municipal population served by EMS provider**. Each municipality that you serve as an ambulance service provider must have a population certification completed.

Non-ambulance service providers: Municipal services, or services contracted to provide service to a municipality, may complete this form to request additional funds based on population under [Wis. Stat. § 256.12\(4\)\(a\)](#).

Municipal code - The code that is used by the State of Wisconsin to identify the municipality (Usually in the format of XX-XXX).

Total municipal population– This is the total number of people residing in the municipality.

Municipal population served by EMS Provider – This is the total number of people that are served by the EMS provider.

(Check One) ☐ County ☐ City ☐ Village ☐ Town ☐ Tribal

Municipality name		Municipal code (XX-XXX)	
Mailing address	City	State	ZIP code
Total municipal population	Municipal population served by EMS provider		
Print name of clerk			
Signature - Clerk X		Date signed	

By my signature, I certify that the information provided for the municipality is true to the best of my knowledge. I further certify that funds received under [Wis. Stat. § 256.12\(4\)\(a\)](#) for the EMS provider will not be used to replace or decrease existing funds/budgets.

***This form is not the EMS Funding Assistance Program (FAP) application, nor can it take the place of submitting an operational plan.**