

**NORTH CAROLINA
DURHAM COUNTY**

Certification of Application for Ambulance Franchise

Now comes the Durham County Office of Emergency Services - EMS, by and through the undersigned, to certify the contents of this Certification of Application.

EMS agrees that at all times the processing of an Application for Ambulance Franchise shall be done pursuant to all applicable Durham County ordinances, including Chapter 12, Article II, Sections 12-26 and following.

EMS has received a sworn Application for franchise from: **Priority Care Ambulance, Inc.**

EMS has reviewed and analyzed the Application against the requirements of Durham County Ordinance as follows:

Sec. 12-52. Application.

- (a) *Filing applications.* All persons applying to the board of commissioners for franchise for the operation of one or more ambulances shall file with the clerk of the board and Director of Emergency Medical Services a sworn application therefor, stating as follows:
- (1) Name and address of the owner, and if the owner is a corporation, a certified copy of the articles of incorporation.
 - (2) The number of vehicles actually owned and the number of vehicles actually operated by such owner on the date of such application, if any.
 - (3) Certificates of insurance currently in force issued by an insurance company licensed to provide insurance in the State of North Carolina as required by section 12-29 of this chapter.
 - (4) Whether there are any unsatisfied judgments of record against such owner, and if so, the title of all actions and the amount of all judgments unsatisfied.
 - (5) The make, type, year of manufacture, serial number and equipment therein for each ambulance owned or operated or proposed to be operated by the applicant for a franchise.
 - (6) Court record, if any, of the applicant; provided, that if applicant is a corporation, the court record, if any, of the officers, directors, and supervising employees thereof, including general manager or director.
 - (7) Whether there are any liens, mortgages or other encumbrances on such ambulances, and if so, the amount and character thereof.
 - (8) Training, credentials and experience of the applicant, its agents and employees related to operation of non-emergency ambulance services and patients care.

- (9) A description of each ambulance owned or operated by the applicant, including chassis manufacturer, ambulance maker, year of manufacture, vehicle identification number, and NCOEMS permit number, if already permitted. A franchise may not be granted to applicant who owns/leases no ambulance vehicles.
- (10) A description of the applicant's capability to provide non-emergency ambulance services on a 24-hour per day, seven-day per week basis.
- (11) An official criminal record of the applicant if a sole proprietorship, of any partners if the applicant is a partnership, or any officers, directors, or managers of the applicant if a corporation or other business entity.
- (12) A statement that the applicant will not discriminate as to any person with regard to race, color, creed, national origin, or gender.
- (13) An audited financial statement, in such form and detail as the county may require.
- (14) A release authorizing the director of emergency medical services to investigate all information submitted in support of the application.
- (15) Such other information as the board may in its discretion require.

Reviewed by:

Durham County Risk Management

Signed by:
(Signature) Ryan Wilson
C3F60748E2E543D...
Printed Name Ryan Wilson

Having reviewed the attached Application for completeness and compliance with Durham County Ordinance Chapter 12, Article 2, and having caused such investigation as I considered necessary, I have determined that the Applicant meets the requirements for the award of a franchise under Durham County Ordinance Chapter 12. I recommend that the Board grant the Application for Franchise, subject to the Board's discretion upon conducting a Public Hearing.

DocuSigned by:
By (Signature): Mark Lockhart
F754DAD23B1F49C...

Director of Medical Emergency Services (Print name): Mark Lockhart

Date of Signature: 11/25/2025 | 10:39 AM EST

ATTACHMENTS to follow



Office of
Emergency Services
Emergency Medical Services

201 East Main Street
Suite 660
Durham, NC 27701
(919) 560-8285

Durham County Emergency Medical Services System Application for Ambulance Franchise

This application is required pursuant to the Durham County Ambulance Ordinance and should be completed by the person, partnership, association, corporation or other organization owning, operating, or proposing to operate and ambulance within Durham County.

1) Name and Address of Applicant as listed with the North Carolina Secretary of State's Office (if applicable, please also list any d/b/a:

Priority Care Ambulance
5116 Bur Oak Circle, Ste 100
Raleigh, NC, 27612

If Application is a corporation, please attach a certified copy of Articles of Incorporation

2) Attach the following to this application as indicated (if the information can be provided in the space allotted, no attachment is necessary):

- a. A list of all ambulance vehicles actually owned, and the number of ambulance vehicles actually operated by the Applicant at the present time, to include chassis manufacturer, ambulance manufacturer, year of manufacture, vehicle identification number, EMS level at which the vehicle will be operated (BLS, ALS, SCT) and NCOEMS permit number, if already permitted. Include a list of any equipment contained in each ambulance. A franchise may not be granted to an applicant who does not own/lease an ambulance vehicle. Attach and label as Appendix A.
- b. Description of the Applicants capability to provide non-emergency ambulance services in Durham County on a 24-hour per day, 7 day per week basis (number and level of vehicles to be staffed and available for service).

Priority Care Ambulance will have units scheduled 24 hours Monday thru Friday and 8am to 8pm Saturday and Sunday.
Priority Care Ambulance dispatch will be available 24/7/365 through our 800 Number.
(Vehicles and staffing located in appendix A)

- f. Criminal court records, if any, of the Applicant. If a corporation, attach the criminal court record, if any, of the officers, directors, and supervising employees, including general managers or directors. These attachments shall be marked as Appendix B. If none of the officers, directors, and supervising employees, including general managers or directors has a criminal record, state so here. If none, please state "none":

There are no court records of the applicant, any officers, directors, supervising employees, managers, or directors

- g. Evidence that Applicant has liability and property insurance active with an insurance company licensed to conduct business in this state or a bond with a personal or corporate surety in at least the following amounts – if different, please list the per occurrence and aggregate amounts. Please attach a Certificate of Insurance showing evidence of the coverages listed below.

i. Commercial General Liability: not less than \$2,000,000 per occurrence and \$5,000,000 aggregate.

ii. Commercial Automobile Liability: not less than \$2,000,000 per occurrence.

iii. Professional Liability: not less than \$5,000,000 per occurrence or claim and \$5,000,000 aggregate.

iv. Any applicable umbrella policy:

8) Does the Applicant agree and acknowledge that it will be under the direction and oversight of the Durham County Medical Director, **or** that said oversight will be delegated to Applicant's Medical Director subject to the qualifications and requirements of North Carolina law as shown below?

Yes ☒ No ☐

Applicable North Carolina law as stated in 10A NCAC 13P .0403(b):

10 NCAC 13P .0403(b): Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or paramedics. The EMS System Medical Director may delegate physician medical oversight for a licensed EMS provider at the EMT level of service that does not back up the emergency 911 EMS System. Any decision delegating medical oversight for a licensed provider shall comply with the EMS System franchise requirements in Rule .0204 of this Subchapter. Medical oversight delegated for a licensed EMS provider shall meet the following requirements:

- (1) a medical director for adult and pediatric patients. The medical director and assistant medical directors shall meet the criteria defined in "The North Carolina College of Emergency Physicians: Standards for Medical Oversight and Collection;"
- (2) treatment protocols must be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and
- (3) establish an agency peer review committee that meets quarterly. The agency peer review committee minutes shall be reported to the EMS System peer review committee.

Please provide the name and NC Medical License number of Applicant's desired Medical Director if Applicant has its own:

9) Does the Applicant agree that all patient care reports generated during the course of the Applicant's service in Durham County shall be submitted to the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services in a timely manner and in such format as is required by the Office of EMS?

Yes ☒ No ☐

10) Does the Applicant agree to provide timely notification to the Director of Emergency Medical Services of any and all changes regarding the Applicant's corporate status, licensure, insurance, criminal convictions, and other changes to questions answered on this application?

Yes ☒ No ☐

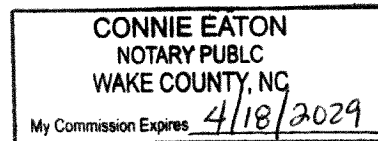
I, William Smith hereby swear (affirm) that the information and responses given above and attached are true and accurate on this 15 day of NOVEMBER, 2025.

WILLIAM SMITH William Smith C.O.O.
Print Applicant Name Applicant Signature Title

Sworn to and subscribed before me this 15th day of November, 2025.

Notary Public: [Signature]

My Commission Expires: April 18, 2029



(1)

C201516000339

SOSID: 1451889
Date Filed: 6/12/2015 3:30:00 PM
Elaine F. Marshall
North Carolina Secretary of State

C2015 160 00339

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: Priority Care Ambulance Inc.
2. The number of shares the corporation is authorized to issue is: 1,000
3. These shares shall be: *(check either a or b)*
 - a. ☒ All of one class, designated as common stock; or
 - b. ☐ Divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.
4. The name of the initial registered agent is: William Masone
5. The North Carolina street address and county of the initial registered office of the corporation is:
Number and Street 100 Anderson Court, Apt. B
City Cary State NC Zip Code 27511 County Wake
6. The mailing address, *if different from the street address*, of the initial registered office is:
Number and Street _____
City _____ State NC Zip Code _____ County _____
7. Principal office information: *(must select either a or b.)*
 - a. ☒ The corporation has a principal office.
The principal office telephone number: _____
The street address and county of the principal office of the corporation is:
Number and Street 100 Anderson Court, Apt. B
City Cary State NC Zip Code 27511 County Wake
The mailing address, *if different from the street address*, of the principal office of the corporation is:
Number and Street _____
City _____ State _____ Zip Code _____ County _____
 - b. ☐ The corporation does not have a principal office.

(1)

8. Any other provisions, which the corporation elects to include, i.e., the purpose of the corporation, are attached.
9. The name and address of each incorporator is as follows:
LegalZoom.com, Inc., 101 N. Brand Blvd., 11th Floor, Glendale, CA 91203

10. (Optional): Please provide a business e-mail address: _____
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.
11. These articles will be effective upon filing, unless a future date is specified:

This the 8th day of June 2015



Signature

Cheyenne Moseley, Assistant Secretary, LegalZoom.com, Inc., Incorporator

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Schramm, Tingen & Associates, LLC 3434 Kildaire Farm Rd. Suite 132 Cary NC 27518-	CONTACT NAME: Brandon Schramm		
	PHONE (A/C, No, Ext): (919)387-0833 FAX (A/C, No): (919)387-0831		
	E-MAIL ADDRESS: Certificates@SchrammTingen.com		
INSURED Priority Care Ambulance Inc. 5116 Bur Oak Cr Suite 100 Raleigh NC 27612-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Arch Insurance Company		11150
	INSURER B: Arch Specialty Insurance Co		21199
	INSURER C: First Benefits Ins Mutual		13098
	INSURER D: Kinsale Insurance Company		38920
	INSURER E: Landmark American Insurance Company		33138
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	MAPK08406505	02/10/2025	02/10/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MAPK08406505	02/10/2025	02/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			MAUM08520805	02/10/2025	02/10/2026	EACH OCCURRENCE \$ 1,000,000
D	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ None			0100352053-0	02/10/2025	02/10/2026	AGGREGATE \$ 1,000,000 GL/PL Excess \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WC 8438-2024	03/15/2024	03/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability			LHM864712	02/10/2025	02/10/2026	Professional Liability 1,000,000/Occ
A	Sexual Abuse or Molestation Liability			MAPK08406505	02/10/2025	02/10/2026	Professional Liability 3,000,000/Agg Sexual / Physical Abuse 1,000,000/Occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Primary Operations: Non-Emergency Medical Transportation, Dispatching Services, EMT Services

Retro Date for Claims Made Professional Liability: 2/10/2016

Auto Medical Payments of \$5,000

Scheduled Vehicles can be found on attached ACORD 101

Umbrella Liability Policy (MAUM08520805) provides excess over Auto and General Liability Policies

Excess Liability Policy (0100245950-2) provides \$5,000,000 excess liability over General and Professional Liability Policies.

Inland Marine / Portable Equipment Limit of \$180,000 Blanket - \$500 Deductible

CERTIFICATE HOLDER

CANCELLATION

AI 001027

Durham County
Attn: Health Department
414 E. Main St.
Durham NC 27701-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brandon Schramm

Vehicle: 1FDSS3EP1ADA34576



Primary Information

VIN: 1FDSS3EP1ADA34576

Model Year: 2010

Unit Number: 01

Height: 50

Length: 150

Date Added: 02/01/2016

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 2010

Box Manufacturer: AEV

Box Year: 2010

Fuel Type: Diesel

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector	
NC005916	03/26/2024	03/31/2026	Permanent	03/26/2024	EMT	Doug E. Calhoun	

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 1FDSS3EP5ADA34578



Primary Information

VIN: 1FDSS3EP5ADA34578

Model Year: 2010

Unit Number: 02

Height: 50

Length: 150

Date Added: 07/01/2016

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 2010

Box Manufacturer: AEV

Box Year: 2010

Fuel Type: Diesel

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit



Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC 001766	08/23/2022	08/31/2024	Permanent	08/23/2022	EMT	Doug E. Calhoun

Vehicle Attachments



Viper IDs

 Add 

Nothing found to display.

Vehicle: 1FDDBR1CG6MKB02583



Primary Information

VIN: 1FDDBR1CG6MKB02583

Model Year: 2021

Unit Number: 03

Height: 50

Length: 150

Date Added: 03/04/2022

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 2021

Box Manufacturer: Medix SV

Box Year: 2021

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit



Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005022	05/14/2024	05/31/2026	Permanent	05/14/2024	EMT	Doug E. Calhoun

Vehicle Attachments



Viper IDs

 Add 

Nothing found to display.

Vehicle: 1GB6G5CLXD1136651



Primary Information

VIN: 1GB6G5CLXD1136651

Model Year: 2013

Unit Number: 04

Height: 69

Length: 151

Date Added: 03/02/2018

Four Wheel Drive: No

Bariatric Unit: Yes

State: NC

Other Information

Chassis Manufacturer: Chevrolet

Chassis Year: 2013

Box Manufacturer: McCoy-Miller

Box Year: 2013

Fuel Type: Diesel

Use Type: Vehicle Type is *Type III* and Vehicle Use is *Ground*.



Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit

 [Permit History](#) 

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC 003827	12/06/2022	12/31/2024	Permanent	12/06/2022	EMT	Doug E. Calhoun

Vehicle Attachments



Viper IDs

Vehicle: 1GB6G5CL6D1162521



Primary Information

VIN: 1GB6G5CL6D1162521

Model Year: 2013

Unit Number: 05

Height: 69

Length: 151

Date Added: 03/11/2019

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Chevrolet

Chassis Year: 2013

Box Manufacturer: Wheel Coach

Box Year:

Fuel Type: Diesel

Use Type: Vehicle Type is *Type III* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005094	05/16/2023	05/31/2025	Permanent	05/16/2023	EMT	Doug E. Calhoun

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 1FDXE40F9XHB83238



Primary Information

VIN: 1FDXE40F9XHB83238

Model Year: 1999

Unit Number: 06

Height: 69

Length: 151

Date Added: 09/28/2019

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 1999

Box Manufacturer: Braun

Box Year: 1999

Fuel Type: Diesel

Use Type: Vehicle Type is *Type III* and Vehicle Use is *Ground*.


Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

 Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC004596	05/28/2024	05/31/2026	Permanent	05/28/2024	EMT	Doug E. Calhoun

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDG3ME511522



Primary Information

VIN: 3C6LRVDG3ME511522

Model Year: 2021

Unit Number: 07

Height: 76

Length: 110

Date Added: 02/09/2021

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2021

Box Manufacturer:

Box Year: 2021

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC006051	03/14/2023	03/31/2025	Permanent	03/14/2023	EMT	Doug E. Calhoun

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDG5ME511523



Primary Information

VIN: 3C6LRVDG5ME511523

Model Year: 2021

Unit Number: 08

Height: 72

Length: 110

Date Added: 02/09/2021

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2021

Box Manufacturer:

Box Year: 2021

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005079	03/14/2023	03/31/2025	Permanent	03/14/2023	EMT	Doug E. Calhoun

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 1GB6GUCG6H1235941



Primary Information

VIN: 1GB6GUCG6H1235941

Model Year: 2017

Unit Number: 09

Height: 69

Length: 151

Date Added: 07/26/2021

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Chevrolet

Chassis Year: 2017

Box Manufacturer: AEV

Box Year: 2017

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type III* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

[Permit History](#)

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005420	09/19/2023	09/30/2025	Permanent	09/19/2023	EMT	Doug E. Calhoun

Vehicle Attachments

Viper IDs

 Add 

Nothing found to display.

Vehicle: 1FDDBR1CG0PKA23706



Primary Information

VIN: 1FDDBR1CG0PKA23706

Model Year: 2023

Unit Number: 10

Height: 50

Length: 150

Date Added: 01/10/2023

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 2023

Box Manufacturer: Medix SV

Box Year: 2023

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC006064	01/26/2023	01/31/2025	Permanent	01/26/2023	EMT	Doug E. Calhoun

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDG5PE535874



Primary Information

VIN: 3C6LRVDG5PE535874

Model Year: 2023

Unit Number: 11

Height: 76

Length: 110

Date Added: 05/12/2023

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2023

Box Manufacturer:

Box Year: 2023

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005025	06/12/2023	06/30/2025	Permanent	06/12/2023	EMT	Walter J Ainsworth

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDGXPE535868



Primary Information

VIN: 3C6LRVDGXPE535868

Model Year: 2023

Unit Number: 12

Height: 76

Length: 110

Date Added: 05/31/2023

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2023

Box Manufacturer:

Box Year: 2023

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit



Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005026	07/21/2023	07/31/2025	Permanent	07/21/2023	EMT	Walter J Ainsworth

Vehicle Attachments



Viper IDs

 Add 

Nothing found to display.

Vehicle: 1FD BR1CGXPKB07886



Primary Information

VIN: 1FD BR1CGXPKB07886

Model Year: 2023

Unit Number: 13

Height: 50

Length: 150

Date Added: 12/21/2023

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Ford

Chassis Year: 2023

Box Manufacturer: Medix SV

Box Year: 2023

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit



Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005032	01/11/2024	01/31/2026	Permanent	01/11/2024	EMT	Walter J Ainsworth

Vehicle Attachments



Viper IDs

 Add 

Nothing found to display.

Vehicle: 1HA6GUCG4HN005167



Primary Information

VIN: 1HA6GUCG4HN005167

Model Year: 2017

Unit Number: 14

Height: 68

Length: 154

Date Added: 07/25/2018

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Chevrolet

Chassis Year: 2017

Box Manufacturer: AEV

Box Year: 2017

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Ground*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

[Permit History](#)

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005029	07/08/2024	07/31/2026	Permanent	07/08/2024	EMT	Walter J Ainsworth

Vehicle Attachments

Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDG0RE110341



Primary Information

VIN: 3C6LRVDG0RE110341

Model Year: 2024

Unit Number: 15

Height: 76

Length: 110

Date Added: 10/03/2024

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2024

Box Manufacturer:

Box Year: 2024

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)

Current Permit



Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005040	10/30/2024	10/31/2026	Permanent	10/30/2024	AEMT	Walter J Ainsworth

Vehicle Attachments



Viper IDs

 Add 

Nothing found to display.

Vehicle: 3C6LRVDG2RE107327



Primary Information

VIN: 3C6LRVDG2RE107327

Model Year: 2024

Unit Number: 16

Height: 76

Length: 110

Date Added: 10/03/2024

Four Wheel Drive: No

Bariatric Unit: No

State: NC

Other Information

Chassis Manufacturer: Dodge

Chassis Year: 2024

Box Manufacturer:

Box Year: 2024

Fuel Type: Gasoline

Use Type: Vehicle Type is *Type II* and Vehicle Use is *Convalescent*.

Vehicle Status: In Service

Non Permitted: No

Agency Information

Agencies: Priority Care Ambulance (Wake)



Current Permit

Permit History ^

Permit	Date Issued	Exp. Date	Type	Insp. Date	Level	Inspector
NC005039	10/30/2024	10/31/2026	Permanent	10/30/2024	AEMT	Walter J Ainsworth

Vehicle Attachments ^

Viper IDs

 Add 

Nothing found to display.

UPDATED 11/15/2025

First Name	Last Name	P Number	Certification	Exp Date
Alexandria	Acevedo	P542134	Advanced Emergency Medical Technician	7/31/2027
Jasmyne	Almond	P545346	Emergency Medical Technician	9/30/2028
Alina	Arguetty	P569056	Emergency Medical Technician	3/31/2027
Antonio	Arias	P122540	Emergency Medical Technician	1/31/2026
Dakota	Batchek	P554890	Emergency Medical Technician	8/31/2027
Cheyenne	Carroll	P560626	Emergency Medical Technician	12/31/2028
Kyle	Chavis	P547051	Emergency Medical Technician	8/31/2026
Kenneth	Collie	P071369	Emergency Medical Technician	6/30/2030
Daniella	Courtney	P568943	Paramedic	12/31/2026
Daphne	Crist	P566821	Emergency Medical Technician	6/30/2029
Adrianna	Dehart	P571075	Advanced Emergency Medical Technician	3/31/2027
Robert	Dietrich	P557337	Advanced Emergency Medical Technician	4/30/2029
Cameryn	Elahee	P552375	Emergency Medical Technician	5/31/2027
Shane	Fuller	P554661	Emergency Medical Technician	3/31/2027
Kennedi	Gaither	P554905	Emergency Medical Technician	12/23/2027
Ella	Gross	P552606	Emergency Medical Technician	
Calvin	Hall	P556445	Emergency Medical Technician	1/31/2028
Avery	Hemrick	P547381	Emergency Medical Technician	7/31/2026
Josh	Hernandez-Ramirez	P564999	Emergency Medical Technician	6/30/2029
Vivian	James	P546451	Emergency Medical Technician	6/30/2026
Patrick	Leonard	P564938	Emergency Medical Technician	6/30/2029
Cindy	Li	P561990	Emergency Medical Technician	8/31/2028
James	Liang	P554115	Medical Director	
Dalton	Long	P543690	Emergency Medical Technician	6/30/2026
Jack	Martin	P563833	Emergency Medical Technician	12/31/2028
William	Masone	P102772	Emergency Medical Technician	11/30/2027
Michael	Muniz	P572863	Emergency Medical Technician	10/31/2029
Davis	Parker	P548052	Emergency Medical Technician	8/31/2026
Angelysa	Rodriguez	P554360	Emergency Medical Technician	3/31/2025
Alexander	Rundquist	P548562	Emergency Medical Technician	10/31/2026
Eli	Salo	P567272		5/31/2029
Arjun	Singh	P555116	Emergency Medical Technician	3/31/2028

Matthew	Slentz	P567904	Emergency Medical Technician	3/31/2029
William	Smith	P573788	Administrator	
Sophie	Taplin	P564588	Emergency Medical Technician	12/31/2028
Constance	Waldrop	P562308	Emergency Medical Technician	7/31/2028
Seth	Walton	P556469	Emergency Medical Technician	12/31/2027
Devon	Wells	P563819	Emergency Medical Technician	1/31/2029
Seven	Wolfe	P555319	Emergency Medical Technician	8/31/2027
Ethan	Younis	P569511	Emergency Medical Technician	8/31/2029