TEMPORARY AMBULANCE VEHICLE LICENSE APPLICATION

Vermont Department of Health
Emergency Medical Services
PO Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
Fax: 802-863-7577 Scan/Email: vtems@state.vt.us

In accordance with Vermont Emergency Medical Services Rule 5.5, application is hereby made for an ambulance vehicle license by the undersigned:

Service Name:		Service Number:		Service License Level:	◯ **EMT** ◯ **AEMT** ◯ **Paramedic**
Ambulance Manufacturer:		Ambulance Year:		Vehicle License Level:	◯ **EMT** ◯ **AEMT** ◯ **Paramedic**
Chassis Manufacturer:		Chassis Year:		License Plate Number:	
Unit Number:		Mileage:		DMV Inspection Date:	
Vehicle Identification Number:					
Vehicle Type	◯ **Type I** ◯ **Type II** ◯ **Type III**	**Type I:** Cab w/ Modular Body **Type II:** Van w/ Integral Cab-Body **Type III:** Cutaway Van, Cab-Chassis with Integrated Modular Body			

☐ The vehicle listed above is a **REPLACEMENT** or **ADDITION** (Circle One) to be placed in service on the following date _____.
(If a **REPLACEMENT**, please write the last 5 digits of the former VIN here: _____)

☐ The vehicle listed above is a **LOANER**. Expected dates of operation are _____ until _____.

I certify that the above vehicle meets all requirements for licensure as outlined in Vermont EMS Rules (Section 5) and will be maintained in accordance with that section.

Head of Service Signature _____ Date _____

Temporary Ambulance Vehicle License Approval

The above service has agreed to comply with the requirements set forth by Vermont EMS Rules and the Ambulance Act of 1984 (24 VSA §2651-2688). This vehicle is licensed to operate as an ambulance by the above service until official inspection is performed or, in the case of a loaner vehicle, the original ambulance is returned to service.

VT EMS Authorized Signature _____ Date _____