DROP VEHICLE APPLICATION



Return Application to:

Office of Commercial Ambulance Licensing and Regulation 653 West Pratt Street, Room 313 Baltimore, Maryland 21201 SOCALR@miemss.org Phone 410-706-8511

ervice Name		Service Lic. #
ontact person	Phone Number	Drop Date
icle License Level:		
Vehicle Information		
Unit# VIN #		Control#
Tag # State	Year Mfg:	<u></u>
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