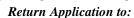
ADD VEHICLE APPLICATION





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

For Office Use Only **Control Number Issued: Date Issued:** A) Service Information Commercial Ambulance Service Name as it appears on the Commercial Ambulance Service License Street Address City State Zip Office Phone Number FAX Number Contact person **Vehicle License Level:** B) Vehicle Information Unit#______ VIN #_____ Year Mfg: _____ Tag # _____ State ____ C. Required Attachment and Fees. Initial each to ensure item is attached and complete. 1. Copy of current vehicle registration from MVA Copy of MVA Emergency Vehicle Approval (MVA form VR-26) listing this vehicle by __ Copy of inspection certificate and report or a certificate of origin if vehicle is less than 1 year old Certificate of Insurance that shows the following: a. Insured's name b. Policy effective and expiration dates c. Identifies this vehicle by VIN number as covered under policy d. Lists MIEMSS/SOCALR as the certificate holder, care of the above address _ Submit application to SOCALR. 6. _____ Payment made. PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal applications for this service remains true and correct to the best of my knowledge. Applicant Signature Printed Name and Official Title Date