**MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS**
*State Office of Commercial Ambulance Licensing and Regulation*
653 West Pratt Street, Baltimore, MD 21201
Office: 410.706.8511 Fax: 410.706.8552

# TEMPORARY UPGRADE REQUEST FORM

**DATE OF REQUEST:** **REQUESTED # OF DAYS: ☐ 30 Days ☐ 15 Days Days

**COMPANY NAME:**

**# OF UNIT OUT OF SERVICE:** **# OF UNIT BEING UPGRADED:**

**IS THIS UNIT ABLE TO SECURE NARCOTICS?** ☐ **Yes** ☐ **No**

**DOES THIS UNIT HAVE AN INVERTER?** ☐ **Yes** ☐ **No**

**REASON FOR OUT OF SERVICE UNIT:** ☐ **Preventive Maintenance** ☐ **Electrical** ☐ **Body Damage**

**IF "OTHER", PLEASE EXPLAIN:**

**REQUESTED BY:**
*Name and Title*

**CONTACT INFORMATION:**

**Pursuant to **Education Article, §13-515, Annotated Code of Maryland Part 11.02.C1-3** no* BLS-licensed ambulance may be used as an ALS-licensed ambulance for a period **of not more than 30 calendar days annually** for reasons related to: (a) Routine maintenance; or (b) Mechanical failure of an ALS-licensed commercial ambulance vehicle. **

**FOR MIEMSS USE ONLY**

**Date Received:** _____ **By:** _____

**Authorization #:** _____ **Upgrade Expires on:** _____