ADD VEHICLE APPLICATION

Return Application to:
Office of Commercial Ambulance Licensing and Regulation
653 West Pratt Street, Room 313
Baltimore, Maryland 21201

For Office Use Only

Control Number Issued:

Application Received
Application Reviewed
Second Review (if missing items)
Equipment Inspected
Telemetry Approved
License Issued
Payment Received

PLEASE PRINT

A) Service Information

Commercial Ambulance Service Name as it appears on the Commercial Ambulance Service License

Street Address
City
State
Zip

Contact person
Office Phone Number
FAX Number

Circle One: BLS   ALS   Neo   SCT

B) Vehicle Information

Unit#       VIN #______________________________ Year Mfg: ________
Tag # ______ State ______
C. Additional Requirements to Obtain an ALS License

1. EKG Monitor, Manufacturer: __________________ Model: ____________ S/N: ____________
2. Defibrillator, Manufacturer: __________________ Model: ____________ S/N: ____________

D. Medical Radio Information

1) UHF Telemetry capable radio – that meets or can be re-programmed to meet FCC narrowband requirements of 2013

Manufacturer: __________________ Model: ____________ S/N: ____________

40 Channels required, configured as follows:
- Channels 1-10 = Med Channels 1-10, Tone Code A
- Channels 1-10 = Med Channels 1-10, Tone Code B
- Channels 1-10 = Med Channels 1-10, Tone Code C
- Channels 1-10 = Med Channels 1-10, Tone Code D

E. Required Attachment and Fees. Initial each to ensure item is attached and complete.

1. _____ Copy of current vehicle registration from MVA
2. _____ Copy of MVA Emergency Vehicle Approval (MVA form VR-26) listing this vehicle by VIN
3. _____ Copy of inspection certificate and report or a certificate of origin if vehicle is less than 1 year old
4. _____ 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
5. _____ Request licensing fee from 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