TRANSFER VEHICLE APPLICATION

Return Application to:

Office of Commercial Ambulance Licensing and Regulation
653 West Pratt Street
Baltimore, Maryland 21201

For Office Use Only

<table>
<thead>
<tr>
<th>Old Control #</th>
<th>Application Received</th>
<th>Application Reviewed</th>
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<tr>
<td>New Control #</td>
<td>Second Review (if missing items)</td>
<td>Equipment Inspected</td>
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<td></td>
<td>Telemetry Approved</td>
<td>License Issued</td>
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<td>Payment Received</td>
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PLEASE PRINT

A. Service Information

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Contact person  ( ) Office Phone Number  ( ) FAX Number

B. Vehicle Information

Vehicle TO which license is being transferred

New Unit _____ VIN ____________________________ Tag# _________ State _____ Mfg Year _____

Vehicle FROM which license is being transferred

Old Unit _____ VIN ____________________________

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

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<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>S/N</th>
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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 number (form VR-26) can be handled directly by going in person to Glen Burnie MVA, counter 104
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. Vehicle Transfer Fee is $50.00
6. _____ Payment made

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**PLEASE DO NOT SEND INCOMPLETE APPLICATIONS**

Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal application for this service remains true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Printed Name &amp; Official Title</th>
<th>Date</th>
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