



TENNESSEE DEPARTMENT OF HEALTH
 DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
 665 MAINSTREAM DRIVE, 2ND FLOOR
 NASHVILLE TN 37243
 TELEPHONE: 615-741-2584

OFFICE USE ONLY	
701 – Ambulance	_____
704 - Invalid	_____
708 – Rescue	_____

Notification of Changes to Ambulance Fleet

Please select type of service: Ambulance Service Invalid Service Rescue Squad

This is to verify that _____
 Service Name

Ambulance Service, license number _____, requests these changes in its
 operating fleet in _____
 County

ADD VEHICLE

CHECK ONE: New Used Remount (New Chassis)

Service is adding Unit No. _____, _____
 Year Make Model Type

Vehicle Identification No. _____

License Plate No. _____ Issued Permit No. _____ - _____ - _____

**SUBMIT VEHICLE MECHANICAL INSPECTION AND FEE PAYMENT OF:
 \$250.00 PER VEHICLE (\$100 FOR RESCUE)
 (Personal or Certified Check – NO CASH)**

DROP VEHICLE PERMIT

CHECK ONE: Transferred to: _____ Sold Trade-In to: _____
 Dropped (Removed from Service) Wrecked/Other: _____

Service is removing Unit No. _____, _____
 Year Make Model Type

Vehicle Identification Number _____

License Plate No. _____ Permit No. _____ - _____ - _____ **Effective Date** _____

Service Director _____

Contact Phone Number (_____) _____ Date _____