



<b>OFFICE USE ONLY</b>	
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

with 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: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Vehicle Identification No. \_\_\_\_\_

***SUBMIT VEHICLE MECHANICAL INSPECTION AND FEE PAYMENT OF:***

ACTION	AMBULANCE	INVALID	RESCUE/VOLUNTEER
Add Vehicle(s)	<input type="checkbox"/> \$250.00 per vehicle	<input type="checkbox"/> \$250.00 per vehicle	<input type="checkbox"/> \$100.00 per vehicle

**(Personal or Certified Check – NO CASH)** **TOTAL:** \_\_\_\_\_

### DROP VEHICLE PERMIT

**CHECK ONE:**     Dropped (Removed from Service)     Wrecked

Service is removing Unit No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Type: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Vehicle Identification No. \_\_\_\_\_

Permit No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Effective Date** \_\_\_\_\_

Service Director \_\_\_\_\_

Contact Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_