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|------------------------|-------|
| 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 _____