



## TEMPORARY AMBULANCE VEHICLE LICENSE APPLICATION

**Vermont Department of Health**  
**Emergency Medical Services**  
**PO Box 70, 108 Cherry Street**  
**Burlington, Vermont 05402-0070**  
**Fax: 802-863-7577 Scan/Email: vtems@vermont.gov**



In accordance with Vermont Emergency Medical Services Rule 5.5, application is hereby made for an ambulance vehicle license by the undersigned:

Service Name:		Service Number:		Service License Level:	<b>EMT   AEMT   Paramedic</b>
Ambulance Manufacturer:		Ambulance Year:		Vehicle License Level:	<b>EMT   AEMT   Paramedic</b>
Chassis Manufacturer:		Chassis Year:		License Plate Number:	
Unit Number:		Mileage:		DMV Inspection Date:	

Vehicle Identification Number: \_\_\_\_\_

Vehicle Type	<b>Type I   Type II   Type III   Other</b>	<b>Type I:</b> Cab w/ Modular Body <b>Type II:</b> Van w/ Integral Cab-Body <b>Type III:</b> Cutaway Van, Cab-Chassis with Integrated Modular Body
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\_\_\_\_\_ The vehicle listed above is a **REPLACEMENT** or **ADDITION** (Circle One) to be placed in service on the following date \_\_\_\_\_.  
 (If a **REPLACEMENT**, please write the last 5 digits of the former VIN here: \_\_\_\_\_ )

\_\_\_\_\_ The vehicle listed above is a **LOANER**. Expected dates of operation are \_\_\_\_\_ until \_\_\_\_\_.

I certify that the above vehicle meets all requirements for licensure as outlined in Vermont EMS Rules (Section 5) and will be maintained in accordance with that section.

\_\_\_\_\_  
 Head of Service Signature

\_\_\_\_\_  
 Date

### Temporary Ambulance Vehicle License Approval

The above service has agreed to comply with the requirements set forth by Vermont EMS Rules and the Ambulance Act of 1984 (24 VSA §2651-2688). This vehicle is licensed to operate as an ambulance by the above service until official inspection is performed or, in the case of a loaner vehicle, the original ambulance is returned to service.

VT EMS Authorized Signature

Date