

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

State Office of Commercial Ambulance Licensing and Regulation

653 West Pratt Street, Baltimore, MD 21201

Office: 410.706.8511 Fax: 410.706.8552

TEMPORARY DOWNGRADE REQUEST FORM

DATE OF REQUEST:

REQUESTED # OF DAYS :

COMPANY NAME:

OF UNIT BEING DOWNGRADED:

TYPE OF DOWNGRADE:

NEW UNIT # OF UNIT BEING DOWNGRADED:

REASON FOR DOWNGRADE REQUEST:

(Please explain/detail request)

If applicable, has all NEO equipment been removed or returned? YES NO When?:

If applicable, have all NEO medications been removed? YES NO When?:

Has all ALS equipment been removed? YES NO When?:

Have all ALS medications been removed? YES NO When?:

Has all NEO/ALS signage been removed from the outside of the unit? YES NO When?:

(Except for the decal issued by MIEMSS)

Please note by signing off on this request, via penned signature or e-signature, you are verifying that the necessary steps have been taken to ensure that all previous NEO/ALS equipment and medications have been removed from the downgraded unit and that the signage on the outside of the unit is in compliance with COMAR.

Name/eSignature of Requesting Party:

CONTACT INFORMATION:

FOR MIEMSS USE ONLY

Date Received and By:

Authorization #:

Upgrade Expires on: