

# ADD VEHICLE APPLICATION

**Return Application to:**

Office of Commercial Ambulance Licensing and Regulation  
653 West Pratt Street, Room 313  
Baltimore, Maryland 21201

For Office Use Only

**Control Number Issued:**

\_\_\_\_\_

Application Received	___/___/___	___
Application Reviewed	___/___/___	___
Second Review (if missing items)	___/___/___	___
Equipment Inspected	___/___/___	___
Telemetry Approved	___/___/___	___
License Issued	___/___/___	___
Payment Received	___/___/___	___

PLEASE PRINT

**A) Service Information**

\_\_\_\_\_

Commercial Ambulance Service Name as it appears on the Commercial Ambulance Service License

\_\_\_\_\_

Street Address City State Zip

\_\_\_\_\_

Contact person Office Phone Number FAX Number

Circle One: BLS ALS Neo SCT

**B) Vehicle Information**

Unit# \_\_\_\_\_ VIN # \_\_\_\_\_ Year Mfg: \_\_\_\_\_

Tag # \_\_\_\_\_ State \_\_\_\_\_

**C. Additional Requirements to Obtain an ALS License**

1. EKG Monitor, Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_
2. Defibrillator, Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

**D. Medical Radio Information**

- 1) UHF Telemetry capable radio – **that meets or can be re-programmed to meet FCC narrowband requirements of 2013**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

40 Channels required, configured as follows: Channels 1-10 = Med Channels 1-10, Tone Code A  
Channels 1-10 = Med Channels 1-10, Tone Code B  
Channels 1-10 = Med Channels 1-10, Tone Code C  
Channels 1-10 = Med Channels 1-10, Tone Code D

**E. Required Attachment and Fees. Initial each to ensure item is attached and complete.**

1. \_\_\_\_\_ Copy of current vehicle registration from MVA
2. \_\_\_\_\_ Copy of MVA Emergency Vehicle Approval (MVA form VR-26) listing this vehicle by VIN
3. \_\_\_\_\_ Copy of inspection certificate and report or a certificate of origin if vehicle is less than 1 year old
4. \_\_\_\_\_ Certificate of Insurance that shows the following:
  - a. Insured's name
  - b. Policy effective and expiration dates
  - c. Identifies this vehicle by VIN number as covered under policy
  - d. Lists MIEMSS/SOCALR as the certificate holder, care of the above address
5. \_\_\_\_\_ Request licensing fee from SOCALR
6. \_\_\_\_\_ Payment made

**PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS**

Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal applications for this service remains true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name and Official Title

\_\_\_\_\_  
Date