

# DROP VEHICLE APPLICATION

*Return Application to:*

MIEMSS Commercial Ambulance Licensing  
653 West Pratt Street, Room 313  
Baltimore, Maryland 21201

Check one:     BLS             ALS             Neonatal             SCT

**A) Service Information** (Please Print)

\_\_\_\_\_

Service Name \_\_\_\_\_ Service Lic. # \_\_\_\_\_

\_\_\_\_\_

Contact person \_\_\_\_\_ Phone Number \_\_\_\_\_ Drop Date \_\_\_\_\_

**B) Vehicle Information**

Unit# \_\_\_\_\_ VIN # \_\_\_\_\_ Control# \_\_\_\_\_

Tag # \_\_\_\_\_ State \_\_\_\_\_ Year Mfg: \_\_\_\_\_

**C) Reason Vehicle is Being Removed**

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**Refer to COMAR 30.09.05 for vehicles being sold, transferred or being placed permanently out of service.**

For SOCALR Use Only

Application Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Application Reviewed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Decal Removed By \_\_\_\_\_