

UPGRADE & DOWNGRADE VEHICLE LICENSE APPLICATION



Office of Commercial Ambulance Licensing and Regulation
653 West Pratt Street, Room 313
Baltimore, Maryland 21201
SOCALR@miemss.org
Phone 410-706-8511

Check One: Upgrade Downgrade

A) Service Ambulance Information (Please Print)			

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

Street Address	City	State	Zip
_____	_____	_____	_____
Contact person	Office Phone Number	_____	
_____	_____	_____	

B) <u>Vehicle Information</u>			
Unit # _____	VIN # _____	Tag # _____	State ____ Year Mfg: _____

C) <u>Fees</u>
Vehicle License Upgrades and Vehicle Downgrades = \$ 50
Submit application to receive an invoice. Please call 410-706-8511 to receive instructions on how to pay by ACH/wire transfer.

Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal application for this service remains true and correct to the best of my knowledge.		
_____	_____	_____
Applicant Signature	Printed Name & Official Title	Date