

TRANSFER VEHICLE APPLICATION

Return Application to:

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

For Office Use Only

Old Control # <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> New Control # <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Application Received Application Reviewed Second Review (if missing items) Equipment Inspected Telemetry Approved License Issued Payment Received	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;">/</td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> </table>	/	/	/	/	/	/																														
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PLEASE PRINT

<u>A. Service Information</u>			
Commercial Ambulance Service Name as it appears on the Commercial Ambulance Service License <hr style="border: 0; border-top: 1px solid black;"/>			
Street Address	City	State	Zip
<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>
Contact person	() Office Phone Number	() FAX Number	<hr style="border: 0; border-top: 1px solid black;"/>

<u>B. Vehicle Information</u>			
Vehicle TO which license is being transferred			
New Unit	VIN	Tag#	State Mfg Year
<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>
Vehicle FROM which license is being transferred			
Old Unit	VIN	<hr style="border: 0; border-top: 1px solid black;"/>	
<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	

<u>C. Additional Requirements to Obtain an ALS License</u>			
1. EKG Monitor, Manufacturer:	<hr style="border: 0; border-top: 1px solid black;"/>	Model:	<hr style="border: 0; border-top: 1px solid black;"/>
	<hr style="border: 0; border-top: 1px solid black;"/>		<hr style="border: 0; border-top: 1px solid black;"/>
2. Defibrillator, Manufacturer:	<hr style="border: 0; border-top: 1px solid black;"/>	Model:	<hr style="border: 0; border-top: 1px solid black;"/>
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D. Medical Radio Information

- 1) UHF Telemetry capable radio

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 number (form VR-26) can be handled directly by going in person to Glen Burnie MVA, counter 104)
3. _____ Copy of inspection certificate and report or a certificate of origin if vehicle is less then 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. Vehicle Transfer Fee is **\$50.00**
6. _____ Payment made

PLEASE DO NOT SEND INCOMPLETE APPLICATIONS

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