UPGRADE & DOWNGRADE VEHICLE APPLICATION

Return Application to:
MIEMSS Commercial Ambulance Licensing
653 West Pratt Street, Room 313
Baltimore, Maryland 21201

Instructions: BLS – Complete Parts A through D
ALS – Complete Parts A through E

Circle One: Upgrade Downgrade

For Office Use Only

Application Received	_____/_____/_____
Application Reviewed	_____/_____/_____
Equipment Inspected	_____/_____/_____
Telemetry Approved	_____/_____/_____
License Issued	_____/_____/_____

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 FAX Number

B) Vehicle Information

Unit#_____ VIN #_____ Tag # _____ State _____ Year Mfg: _____

C) Fees

Vehicle Upgrades and Vehicle Downgrades **$50**

Please enclose check payable to: **MIEMSS/SOCALR**

D) Medical radio Information (BLS Requirement 1/1/2000)

1) UHF Telemetry capable radio

Manufacturer:_____ Model: _____ S/N: _____

40 Channels required, configured as follows Channels 1-10 = Med Cahnnels 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). Additional Requirements to Obtain an ALS License

1. EKG Monitor, Manufacturer: _____ Model: _____ S/N: _____
2. Defibrillator, Manufacturer: _____ Model: _____ S/N: _____
3. Monitor to Radio Telemetry Coupler (Medical Director's discretion)

Manufacturer: _____ Model: _____S/N: _____

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