UPGRADE & DOWNGRADE VEHICLE LICENSE APPLICATION

Return Application to: socalr@miemss.org Or Fax to 410-706-8552

For Office Use Only	7		
	Application Received Application Approved Fee Paid Equipment Inspected License Issued		
	_		
	nformation (Please Print)	J Ambulance Servic	o License
	nformation (Please Print) rvice Name as it appears on the Commercia	al Ambulance Servic State	e License Zip
Commercial Ambulance Ser Street Address	rvice Name as it appears on the Commercia City	State	
Commercial Ambulance Ser	vice Name as it appears on the Commercia	State	
Commercial Ambulance Ser Street Address	rvice Name as it appears on the Commercia City	State	
Commercial Ambulance Ser Street Address Contact person	City Office Phone Number	State	
Commercial Ambulance Ser Street Address Contact person B) Vehicle Information	City Office Phone Number	State FAX Number	Zip
Commercial Ambulance Ser Street Address Contact person B) Vehicle Information	City Office Phone Number	State FAX Number	Zip

Submit application to receive an invoice. Please call 410-706-8511 to receive instructions

on how to pay by ACH/wire transfer.

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D) Medical radio information: UHF Telemetry capable radio				
Manufacturer:		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) Additional Requirements to Obtain an ALS License				
1. EKG Monitor, Manufacturer:	Model:	S/N:		
2. Defibrillator, 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 & Officia	l Title Date		