## UPGRADE \& DOWNGRADE VEHICLE LICENSE APPLICATION

Return Application to:
socalr@miemss.org
Or
Fax to 410-706-8552
Check One: $\square$ Upgrade $\square$ 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 |
| :--- | :--- | :--- | :--- |

B) Vehicle Information

Unit \# $\qquad$ VIN \# $\qquad$ Tag \# $\qquad$ State $\qquad$ Year Mfg: $\qquad$
C) Fees

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 $\mathrm{ACH} /$ wire transfer.
D) Medical radio information: UHF Telemetry capable radio

Manufacturer: $\qquad$ Model: $\qquad$ S/N: $\qquad$ 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: $\qquad$ Model: $\qquad$ S/N: $\qquad$
2. Defibrillator, Manufacturer: $\qquad$ Model: $\qquad$ S/N: $\qquad$

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

