



ADD VEHICLE APPLICATION

Return Application to:

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

For Office Use Only

Control Number Issued:

Date Issued:

PLEASE PRINT

A) Service Information

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

Vehicle License Level:

B) Vehicle Information

Unit# _____ VIN # _____ Year Mfg: _____

Tag # _____ State _____

C. 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
3. _____ Copy of inspection certificate and report or a certificate of origin if vehicle is less than 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. _____ Submit application to SOCALR.
6. _____ Payment made.

PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS

Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal applications for this service remains true and correct to the best of my knowledge.

Applicant Signature

Printed Name and Official Title

Date