



TRANSFER 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

Old Control #

New Control #

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

B. Vehicle Information

Vehicle **TO** which license is being transferred

New Unit _____ VIN _____ Tag# _____

State _____ Mfg Year _____

Vehicle **FROM** which license is being transferred

Old Unit _____ VIN _____ Tag# _____

State _____ Mfg Year _____

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 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. _____ 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