

D. Medical Radio Information

1) UHF Telemetry capable radio

Manufacturer: _____ Model: _____ 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. 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