

C. Additional Requirements to Obtain an ALS License

1. EKG Monitor, Manufacturer: _____ Model: _____ S/N: _____
2. Defibrillator, Manufacturer: _____ Model: _____ S/N: _____

D. Medical Radio Information

- 1) UHF Telemetry capable radio – **that meets or can be re-programmed to meet FCC narrowband requirements of 2013**

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
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. _____ Request licensing fee from 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