DROP 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

A) Service Information (Please Print)

Service Name _____ Service Lic. # _____

Contact person _____ Phone Number _____ Drop Date _____

B) Vehicle Information

Unit#_____ VIN #_____ Control# _____

Tag #_____ State _____ Year Mfg: _____

C) Reason Vehicle is Being Removed

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Refer to COMAR 30.09.05 for vehicles being sold, transferred or being placed permanently out of service.

For SOCALR Use Only

Application Received ____/____/____
Application Reviewed ____/____/____
Decal Removed By _____