



**VEHICLE INFORMATION**

Name of Service(s):	License Number(s):	License Type:	County:
		First Responder	
		Ground	
		Neonatal	
		Air Ambulance	

Vehicle License Type  (Indicate Grd AMB or MFR or NEO or Air AMB)	Year	Type	Make	Manufacturer's Vehicle Identification Number (VIN)	Service Unit/Call Number  (FAA "N" number for Air Ambulance)	State EMSVID Number	Status A= Addition C= Current D= Delete

**SIGNATURES**

Owner's Name:	Authorized Agent's Name:
Signature & Date:	Signature & Date: