



EMS VEHICLE CHANGES APPLICATION

Service Name: _____ / _____
(Legal Name) (Also Known As)

Address: _____ EMS Agency/License #: _____

City: _____ State: _____ Zip: _____

Owner/Operator: _____ Phone: _____

EMS Representative: _____ Phone: _____

E-Mail Address: _____ FAX: _____

PLEASE LIST ANY VEHICLES WHICH YOU ARE ADDING OR REMOVING:

Please review WAC 246-976-260 through 340 to ensure your vehicles meet all requirements. In the Add/Remove column, indicate "A" for add and an "R" for remove. Each vehicle added will be issued a separate vehicle credential (license).

WAC 246-976-300 requires all licensed vehicles to carry extrication equipment. A variance from this requirement may be requested, and if approved, the extrication equipment must be available within 10 minutes. To request a variance, indicate the **name** of the agency(s) providing extrication equipment below and indicate "Y" in the Variance Extrication Equipment Request (Var Req?) box next to the appropriate vehicles.

Name of agency providing extrication equipment: _____

Add / Remove	YEAR	MAKE AND MODEL	LICENSE PLATE NUMBER	ACTUAL ADDRESS OF VEHICLE (If Different From Above)	Choose One (✓)		Vehicle Identification Number (VIN)	Var Req?
					AMB	AID		

Attach additional sheets as necessary, including all the required information.

"I hereby affirm and declare that the information provided on this application is true and correct, and that our vehicles meet the minimum equipment requirements for the level of licensure currently held by our service."

Person Completing Application (Please Print)

Date

Owner/Operator (Signature & Title)

Date

DO NOT DUPLICATE

DOH/OFFICE OF CUSTOMER SERVICE, PO BOX 47877, TUMWATER, WASHINGTON 985041-7877 / (360) 236-4700