



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

MODIFICATION OF AMBULANCE FLEET FORM

An ambulance service is required to complete this form if it intends to either replace an ambulance on a permanent basis or add an ambulance to its fleet. A new or additional ambulance may be used by the ambulance service only after the regional EMS council has inspected it, and the ambulance has been authorized by the Emergency Medical Services Office to begin using the ambulance.

1. Name of Ambulance Service: _____

2. Administrative Headquarters : _____
(Street, Road) Note: P.O. Box not acceptable

(City) (State) (Zip Code)

3. Affiliate #: _____ 4. Ambulance License # : _____

5. Regional EMS Council*: _____

6. Is this action: _____Replacement _____Addition _____Removal

7. Ambulance Being Replaced, Added or Removed:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA #: _____

Decal # _____

8. Additional/Replacement Ambulance Information:

Year _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA#: _____

9. Service Contact:

(Printed Name)

(Signature) (Date)

10. REGIONAL EMS COUNCIL USE ONLY:

Date Received: _____

Date Ambulance Inspected (attach copy of inspection form): _____

Date Forwarded to EMS Office: _____

11. EMERGENCY MEDICAL SERVICE OFFICE USE ONLY:

Date Received: _____

Date Approved: _____

Date Licensure File Updated: _____

THIS FORM MUST BE SUBMITTED TO THE REGIONAL EMS COUNCIL RESPONSIBLE FOR THE EMS REGION IN WHICH THE AMBULANCE SERVICE INTENDS TO PLACE AND OPERATE THE AMBULANCE. IF THE AMBULANCE SERVICE IS REPLACING AN AMBULANCE, THE DECALS MUST BE REMOVED AND RETURNED WITHIN 30 DAYS OF RECEIPT OF THE NEW DECALS FOR THE REPLACEMENT VEHICLE.

* This is the regional EMS council that is responsible for the EMS region where the ambulance service intends to place and operate the ambulance.