

Arkansas Department of Health, Section of EMS
Vehicle Registration Application

Section Use Only

Amount Paid & Method	_____	Service License Number	_____
Received in Office	_____	Type of Service	_____
Inspection Date	_____	Issue Date	_____
Computer Entry Date	_____	Expiration Date	_____

Service Name:

Mailing Address:

Service License Number (three digit number from wall certificate)

VEHICLE INFORMATION:

License Plate Number State VIN Number

Make Model Year Date of Purchase Purchased from

Ambulance Type (check one) TYPE I TYPE II TYPE III Other

Permit Number (Arkansas Dept. of Health decal on left rear of vehicle) If no decal mark "N/A"

TYPE OF PERMIT Paramedic Advanced Response Air-Rotor Fixed Wing
As indicated on decal,
If no decal, at what level Adv. EMT EMT EMT-V EMT-S Stretcher
will the unit be registered?

IF THE ABOVE UNIT IS TO REPLACE AN EXSISTING UNIT THE FOLLOWING MUST BE COMPLETED:

Existing vehicle license plate number Permit decal number

Permit level Disposition of vehicle

FALSIFICATION OF ANY INFORMATION ON THIS OR ANY APPLICATION WILL RESULT IN DENIAL OR REVOCATION OF THE SERVICE LICENSE.

I CERTIFY THAT THE ABOVE AND ATTACHED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

VEHICLE IS NOT TO BE OPERATED PRIOR TO APPROVAL BY THIS OFFICE

*******ADDITIONAL INFORMATION*******

INSTRUCTIONS:

LICENSE:

All Services that engage in the emergency transport of people within the state of Arkansas on a routine basis must apply for an Ambulance Service License as issued by the Department of Health, Section of Emergency Medical Service. Please complete this form and forward a non-refundable fee of five hundred twenty-five (\$525) dollars, company check or money order, (Special Purpose only \$25.00) with the application form to:

Arkansas Department of Health
Section of EMS
5800 West 10th, Street, Suite 800
Little Rock, AR 72204-1763

LIABILITY INSURANCE:

All Ambulance services must hold liability insurance issued by an Arkansas licensed company on all vehicles covered under this license. A copy of the certificate of insurance must be attached.

VEHICLES:

All vehicles used for the emergency transport of people must be registered with the Arkansas Department of Health, Section of EMS in order to operate in the state of Arkansas. Vehicle registration is accomplished by completing the Vehicle Registration Application and forwarding a non-refundable fee of one hundred five (\$105.00) dollars for each vehicle to the above address. (Special Purpose Only \$5.00)

If the Vehicle being registered is to replace an existing vehicle, indicate as shown on this form. Indicate under 'DISPOSITION' what is to be done with the replaced vehicle. If the replaced vehicle is to be used at another level, you must complete another form and submit fees to have it registered at the new level.

If the replaced vehicle is to be sold, will no longer be used, or if it is to be used at another level, remove the decal.

**DO NOT OPERATE ANY VEHICLE AS AN AMBULANCE WITHOUT
PRIOR APPROVAL FROM THIS OFFICE**