



____ New
____ Renewal

APPLICATION FOR AMBULANCE VEHICLE LICENSE

Owner Information

Name _____

Address _____

Phone _____ Email Address _____

Business Name (if different from owner) _____

Company Contact _____

Vehicle Information

Vehicle Unit Number _____ License Plate # _____

Vehicle Year/Make _____ Chassis VIN # _____

Ambulance Manufacturer _____ Ambulance VIN # _____

Vehicle Color _____

Description of vehicle markings (insignia/monogram/ etc.) _____

Length of time the ambulance has been in service _____

Vehicle Inspection provided _____

Insurance Information

Company Name _____ Agent Name _____

Policy Number _____ Start Date _____ End Date _____

Radio Information

Does the unit radio utilize an encoding device? _____

Does the unit radio have a remote located in the patient compartment? _____

What is the primary radio system used by this unit? _____

What is the secondary radio system used by this unit? _____

800 mhz Mobile and Portable Channel List

	A Bank	B Bank	C Bank	Inoperability Channels
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Print Name

Date

Signature