

FEES

INITIAL REGISTRATION .....	\$50
RENEWAL FEE .....	\$50
ANNUAL REGULATORY FEE.....	\$200

ARIZONA DEPARTMENT OF HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

FOR EMS USE ONLY

EXPIRATION _____
CERTIFICATE NO _____
INITIALS _____

# APPLICATION FOR REGISTRATION OF AMBULANCE

INITIAL

RENEWAL

## I. IDENTIFICATION OF AMBULANCE SERVICE

LEGAL BUSINESS OR CORPORATE NAME OF AMBULANCE SERVICE \_\_\_\_\_

IDENTIFYING NAME OF AMBULANCE SERVICE (DBA) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing) \_\_\_\_\_

TELEPHONE NUMBER(S) Business: \_\_\_\_\_ Emergency: \_\_\_\_\_

FACSIMILE NUMBER(S): \_\_\_\_\_ CERTIFICATE OF NECESSITY NUMBER: \_\_\_\_\_

## II. IDENTIFICATION OF AMBULANCE UNIT

VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

VEHICLE I. D. NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_

LOCATION OF VEHICLE (Station) \_\_\_\_\_

NAME OF CONTACT PERSON TO ARRANGE INSPECTION \_\_\_\_\_

TELEPHONE NUMBER OF CONTACT PERSON \_\_\_\_\_

I, the below signed authorized agent for the above listed ambulance service, do hereby certify that the above described ambulance is in compliance with all statutory and Arizona Department of Health Services' requirements and request that this vehicle be registered as an ambulance in the State of Arizona.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

RECEIPT STAMP

# GENERAL INFORMATION AND INSTRUCTIONS TO APPLICANT

## INTRODUCTION

Any person wishing to operate an ambulance or ambulances in this state **MUST** file an Application for Registration of Ambulance and be issued an Ambulance Certificate of Registration for **each** ambulance to be operated.

## APPLICATION

A separate application is required for **each** ambulance to be registered.

## GENERAL INFORMATION ON COMPLETION OF FORM

1. Complete **all** required items on the application form, and be sure to sign and date the form where indicated.

2. Check or "X" appropriate box at top of form to indicate if application is for the **initial** registration or the **renewal** registration of the ambulance.

3. In the **name of ambulance service** space reflect your **CERTIFICATED** name including any dba.

4. In the **vehicle make** space list the manufacturer of the ambulance (such as Chevrolet, Dodge, Ford, GMC).

5. In the **vehicle I.D. number** space list the **entire** vehicle I.D. number.

6. In the **unit number** space list the unit number that your ambulance service has assigned to this specific ambulance.

7. Indicate the most common location where the ambulance is stationed.

8. Provide the name of the person responsible for handling registration matters and arranging for the inspection of the ambulance, including the person's telephone number.

## FEES

1. A registration fee of \$50 is required for either the initial or the renewal registration of **each** ambulance.

2. An annual regulatory fee of \$200 is required for **each** ground ambulance to be registered, which is to be collected at the same time as the registration fee.