

PENNSYLVANIA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES OFFICE

MODIFICATION OF AMBULANCE FLEET/TEMPORARY CHANGE OF VEHICLE FORM

An ambulance service is required to complete this form if it intends to either replace an ambulance on a permanent basis, add an ambulance to its fleet or is required to use an ambulance on a temporary basis to replace an ambulance it has removed from service for repairs or other reasons. 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. For a temporary ambulance, the ambulance service must submit this form to the regional EMS council that has responsibility for the EMS region in which the ambulance will be based. This form may be submitted by facsimile, electronic mail or regular mail, or any other matter no later than 24 hours after the ambulance service places the temporary ambulance in service.

1. Name of Ambulance Service:			
2. Administrative Headquarters:	(Street, Road) Note		
(City)	(State)	(Zip C	dode)
3. Affiliate #:	4. Ambulance I	icense # :	
5. Regional EMS Council*:			
6. Is this action:Replaceme	entAddition	_Removal	Temporary
7. Ambulance Being Replaced, A	dded or Removed:		
Year: Make:	Model:		
VIN or Aircraft Serial #:			
Plate or FAA #:			
Decal #			
8. Additional/Replacement Ambu	lance Information:		
Year Make:	Model:		
VIN or Aircraft Serial #:			
Plate or FAA#:			

9. Temporary Ambul	ance Information:		
Year:	_Make:	Model:	
VIN or Aircraft Seria	ıl #:		
Plate or FAA#:			
Anticipated Length o	f Use:		
10. Service Contact:			
(Printed Name)	-		
(Signature)		(Date)	
11. REGIONAL EM	IS COUNCIL USE O	ONLY:	
Date Received:			
Date Ambulance Insp	pected (attach copy of	inspection form):	
Date Forwarded to E	MS Office:		
12. EMERGENCY	MEDICAL SERVIC	E OFFICE USE ONLY:	
Date Received:		_	
Date Licensure File U	Jpdated:		

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.