



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, ass an ambulance to its fleet or is required to use an ambulance on a temporary basis to replace an ambulance that 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 from 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: P.O. Box not acceptable

(City)

(State)

(Zip Code)

3. Affiliate #: \_\_\_\_\_ 4. Ambulance License # : \_\_\_\_\_

5. Regional EMS Council\*: Bucks County \_\_\_\_\_.

6. Is this action: [ ] Replacement [ ] Addition [ ] Removal [ ] Temporary

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. Temporary Ambulance Information:

Year \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_

Plate or FAA#: \_\_\_\_\_

Anticipated Length of use: \_\_\_\_\_

10. Service Contact:

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)

(Date)

11. **REGIONAL EMS COUNCIL USE ONLY:**

Date Received: \_\_\_\_\_

Date Ambulance Inspected (attach copy of inspection form): \_\_\_\_\_

Date Forwarded to EMS Office: \_\_\_\_\_

12. **EMERGENCY MEDICAL SERVICE OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

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.