



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 service 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, etc.) Note: P.O. Box not acceptable
(City) (State) (Zip Code)

3. Affiliate #: _____ 4. Ambulance License #: _____

5. Regional EMS Council*: _____

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 of FAA #: _____

Anticipated Length of Use: _____

10. Service Contact:

(Printed 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 Approved: _____

Date License 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.