

An EMS Agency is required to complete this form and submit it to the Regional EMS Council of authority prior to operating a temporary use vehicle. The temporary vehicle may be used by the EMS Agency during the time frame approved in writing, from the EMS Regional Council, unless its authority is disapproved by the inspector following an inspection of the EMS vehicle. The submission of this form includes the attestation by the EMS Agency that the temporary use vehicles satisfies the requirements for that type of EMS vehicle imposed by regulation and notices published in the *Pennsylvania Bulletin*.

- EMS Agencies are not permitted to use a temporary EMS vehicle that is titled to the Agency submitting this request.
- EMS Agencies are encouraged to utilize temporary vehicles that are currently licensed by the Pennsylvania Department of Health Bureau of EMS.
- Additional/Replacement vehicles are not permitted for use until the physical inspection has been completed by the inspector from the Regional EMS Council.

Name of EMS Agency: \_\_\_\_\_

Administrative Headquarters: \_\_\_\_\_

Affiliate #: \_\_\_\_\_

Regional EMS Council: \_\_\_\_\_

Please check one

- Temporary Use Vehicle
- Adding Vehicle to Fleet

**Complete the Following Section for Temporary Use Vehicles Only**

EMS Vehicle That is Being Used on a Temporary Basis:

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

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

License Plate or FAA#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PA DOT Inspection Expiration Date: \_\_\_\_\_

Name on Vehicle DOT Registration: \_\_\_\_\_

Expected Dates of Use:

Beginning On: \_\_\_\_\_ Ending On: \_\_\_\_\_

**EMS Vehicle That is Currently Out of Service:**

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

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

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

