



Organ Transport Service and Vehicle License Application Packet

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In order to process your request:

Mail your application and other documents to:

EMS Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Application Instructions Checklist

When your application for Organ Transport Service and Vehicle License Application is received by the Department of Health (DOH), it will be reviewed and you will be notified in writing of any outstanding documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Indicate type of application—new, change of ownership, amended or renewal.

- **New**—First time requesting: Organ Transport Service and Vehicle License.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of a service.
- **Renewal**—Renew EMS Service Verification and Vehicle License. Enter your current service license number.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

1: Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Organ Transport Service Name: Enter the owner's name as it appears on the UBI/Master Business License.

Legal Owner/Organ Transport Service Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and Web addresses, if applicable.

Organ Transport Service Name: Enter the name as advertised on signs or Web site.

Service Physical Address: Enter the physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the phone and fax number.

Mailing Address: Enter the mailing address, if different than physical address.

- 2. Personnel Status:**
Indicate the total number of drivers.
- 3. Organ Transport Service Supervisor Information:** Enter the name, phone number, and email address of the Organ Transport Supervisor who is able to answer questions about licensing, vehicle licensing, and personnel association issues. Include a Department of Health credential number, if applicable.
- 4. Additional Information:**
Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, LLC members or manager, partners, etc. Attach additional completed pages if you need more space.
Change of Ownership Information: If applicable, list the previous legal owner name, previous name, previous service credential number, effective date of ownership change and physical address.
- 5. Organ Transport Vehicles:** Provide year, make and model, license plate number, actual address of vehicle and VIN. Attach additional completed pages if you need more space.
- 6. Signatures:** The representative must read the affirmation statement thoroughly to ensure the provisions of this section are understood. Then, print and sign name and enter the date.

Date
Stamp
Here

Organ Transport Service and Vehicle License Application

This is for: New Change of Ownership
 Renewal License # _____

Check One

- | | | |
|--|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Non-Profit Corporation | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietor | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> State Government Agency | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Organ Transport Service Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address	Web Address:
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Name (Business name as advertised on signs or Web site)

Physical Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Mailing Address (If different than physical address)

City	State	Zip Code	County
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2. Personnel Status

Number of drivers: _____

3. Organ Transplant Service Supervisor Information

Organ Transport Supervisor	WA State DOH Credential # (if applicable)
Email Address	Phone (enter 10 digit #)

4. Additional Information

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner	Previous Service Credential #
Previous Name of Service	Effective Date of Change

5. Organ Transport Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located.

Physical Address of Vehicle

City	State	Zip Code	County
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Vehicle Information

Year	Make and Model
License Plate Number	VIN
Year	Make and Model
License Plate Number	VIN
Year	Make and Model
License Plate Number	VIN
Year	Make and Model
License Plate Number	VIN

Physical Address of Vehicle			
City	State	Zip Code	County
Vehicle Information			
Year	Make and Model		
License Plate Number	VIN		
Year	Make and Model		
License Plate Number	VIN		
Year	Make and Model		
License Plate Number	VIN		
Year	Make and Model		
License Plate Number	VIN		
6. Signatures			
<p>I hereby affirm and declare that the information provided on this application is true and correct, and that:</p> <ol style="list-style-type: none"> Our current organ transport vehicle drivers meet requirements in accordance with RCW 18.73.290. The vehicles identified in Organ Transport Vehicles section meet the minimum equipment requirements in accordance with RCW 18.73.290 and WAC 246-976-360. We maintain current commercial general liability insurance coverage, automobile liability insurance coverage, and an umbrella policy in accordance with RCW 18.73.290. 			
_____ Signature of Owner/Operator		_____ Date	
_____ Print Name		_____ Print Title	

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RCW/WAC and Online Website Links

RCW/WAC Links

[Physicians Trained AEMT/PARA Certification RCW 18.71.205](#)

[Organ Transport Services RCW 18.73.290](#)

[Emergency Medical Care and Transportation Services RCW 18.73.081](#)

[Ambulance, organ transport vehicle, and aid vehicles RCW 18.73.140](#)

[Secretary Rule Making RCW 43.70.040](#)

[Emergency medical services and trauma care system - Rule making RCW 70.168.050](#)

[Emergency Medical Services and Trauma Care Systems WAC 246-976-360](#)

Online

[EMS Agency and Vehicle Licensing and Information Webpage](#)