



EMS Vehicle Changes Application Packet

Contents:

1. 530-144 Contents List and Mailing Information..... 1 page
2. 530-145 Application Instructions Checklist..... 1 pages
3. 530-105 EMS Ground Vehicle Changes Application 2 pages
4. RCW/WAC and Online Web Site Links 1 page

In order to process your request:

**Mail your application and
other documents to:**

EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

(This page intentionally left blank.)

Application Instructions Checklist

When your application for EMS Vehicle Changes 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.

1. Demographic Information:

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

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.

2. Emergency Medical Vehicle Changes:

List any vehicles which you are adding or removing. Document how extrication will be provided when needed. Provide year, make and model, license plate number, actual address of vehicle, Ambulance (AMB) or AID Vehicle (AID), and VIN number. Attach additional completed pages if you need more space.

3. Statements and Signatures:

The agencies 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.

(This page intentionally left blank.)

Date
Stamp
Here

EMS Ground Vehicle Changes Application

1. Demographic Information

EMS Agency License #

Agency Name

Mailing Address

City	State	Zip Code	County
------	-------	----------	--------

Phone (enter 10 digit #)	Fax (enter 10 digit #)
--------------------------	------------------------

Email Address	Web Address:
---------------	--------------

Emergency Medical Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located. Indicate the type of vehicle(s):

AMB = ambulance; AID = aid vehicle (as defined in RCW 18.73.030 and consistent with 70.168). See our website for the complete [EMS and Trauma Care System Statutes](#).

Please review WAC 246-976-260 through 390 to ensure your vehicles meet all requirements.

WAC 246-976-300 requires all licensed ground EMS agencies to document how extrication will be provided when needed. See our website for the complete [EMS and Trauma Care System Rules](#).

Document how extrication will be provided when needed. _____

Emergency Medical Vehicles

Add/ Remove	Year	Make and Model	License Plate Number	Address of Vehicle (if different from page 1)	Choose One (✓)		Vehicle Identification Number (VIN)
					AMB	AID	

“I hereby affirm and declare that the information provided on this application is true and correct, and that our vehicles meet the minimum equipment requirements for the level of licensure currently held by our service.”

Signature of agency representative Date

Print Name Print Title



RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Emergency Medical Services and Trauma System RCW	<u>RCW 18.71</u>
Emergency Medical Services and Trauma System RCW	<u>RCW 18.73</u>
Emergency Medical Services and Trauma System WAC	<u>WAC 246-976</u>

On-line

Emergency Medical Services and Trauma System	<u>Web Page</u>
--	---------------------------------