



Government of the District of Columbia – Department of Health
**Emergency Medical Response Vehicle
Application**



Complete one form for each emergency medical response vehicle

Organization _____

Vehicle Type

- | | | |
|---|--|--|
| <input type="checkbox"/> Type I Ambulance | <input type="checkbox"/> Type II Ambulance | <input type="checkbox"/> Type III Ambulance |
| <input type="checkbox"/> Medium Duty | <input type="checkbox"/> Chase Vehicle | <input type="checkbox"/> Rotary Wing Air Ambulance |
| <input type="checkbox"/> Fire Engine | <input type="checkbox"/> Ladder Truck | <input type="checkbox"/> Rescue Squad |
| <input type="checkbox"/> Other _____ | | |

Vehicle Information

Make _____ Model _____

Year of Manufacturer _____ Service Start Date _____

VIN _____ License Tag Number _____

Unit ID _____ Care Level ALS BLS

Location of KKK-1822/NFPA 1917 Certification _____

Identification

Describe the color scheme of the vehicle, including striping

Insignia, name, monogram or other distinguishing characteristics to be used to designate the applicant's vehicle

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of the certification.

Signature of the Operational Director

Date