

EMS Vehicle Application Instructions

1. Please complete an EMS Vehicle Application.
2. Fax the application along with a copy of the vehicle registration and a copy of a certified weight slip to your area EMS Program Representative.
3. Allow three (3) business days to receive Temporary EMS Vehicle Permit.

Please Note The Following:

- All vehicles must be fully stocked with EMS and communications equipment and appropriately marked before making a request for EMS vehicle permit.
- Vehicles found not in compliance with *Virginia Emergency Medical Services Regulations* may result in loss of privilege to acquire any future temporary permits. In addition, enforcement action may be taken.
- All sections of the application must be completed and legible.
- GVWR (Gross Vehicle Weight Rating) must be listed on the application. The GVWR is typically found printed by the manufacturer on the door side panel on the driver's side or attached to the inside of a compartment door. Please note the GVWR requested is the one from the manufacturer and not the one listed on the vehicle registration issued by DMV.
- Certified Weight must be listed on the application. The Certified Weight is the weight of a vehicle with a full fuel load and stocked with all required equipment that is weighed on a certified scale.
- Copy of a weight slip showing the Certified Weight must be attached to the EMS Vehicle Application.
- The GVWR and Certified Weight are required for **all** applications regardless of vehicle class.
- A copy of the vehicle registration must be attached to the EMS Vehicle Application.
- **Incomplete applications will not be processed!**

Please send your EMS Vehicle Application to your area Program Representative

Ron Kendrick
Fax: 276-926-5609

Paul Fleenor
Fax: 540-381-7218

Heather Phillips
Fax: 540-843-0243

Jimmy Burch
Fax: 434-372-0171

Adam Harrell
Fax: 703-268-5580

Steve McNeer
Fax: 804-323-2928

Wayne Berry
Fax: 757-896-4561



APPLICATION FOR EMS VEHICLE PERMIT



Office of Emergency Medical Services
1041 Technology Park Drive / Glen Allen, VA 23059
Telephone: 1-800-523-6019 (VA Only) or 1-804-888-7507
FAX: (804) 371-3108 / www.vdh.virginia.gov/oems

Agency Name: _____ Agency No: _____ County _____

Address: _____ Phone No: (_____) _____

_____ Fax No: (_____) _____

Vehicle Owner: _____ GVWR _____ Cert. Wt. _____

Application will not be processed without a certified vehicle weight slip and copy of vehicle registration as provided by DMV. (See § 12 VAC 5-31-700.3)

Weight Slip Attached Copy of Vehicle Registration Attached VIN: _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

DMV Tag Number: _____ Mileage: _____ 4x4 Yes No Unit #: _____

Location where vehicle is to be stationed: _____
(Provide station number & street address)

Vehicle Classification (check all that apply)

Non-transport Response Vehicle Ground Ambulance Air Ambulance Other

Temporary Reserve Vehicle Permanent Reserve Additional Vehicle

Is vehicle currently licensed to another Virginia EMS Agency? Yes No

If yes, Agency Name: _____ Unit # _____

If you have a vehicle to be removed from service, please complete this section.

Unit # _____ VIN # _____ DMV Tag # _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

(Print Your Name) (Your Title) (Date)

I, _____, an authorized agent of _____
(Signature) (Name of Agency)

attest that the organization/agency and vehicles are in compliance with all EMS and other applicable regulations. The organization/agency and I understand that failure to maintain compliance with all applicable regulations may result in regulatory action against myself &/or the agency.

Please allow three (3) business days to process.