

# **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](http://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.**