



Division of Emergency Medical Services
 3 Capitol Hill, Room 103, Providence, RI 02908-5097
 (401) 222-2401

Application To License an Ambulance or Rescue Vehicle

Name of Service:

Vehicle Classification:	Primary	Reserve	
	<input type="checkbox"/>	<input type="checkbox"/>	A-1 (Advanced Life Support + Basic Life Support)
	<input type="checkbox"/>	<input type="checkbox"/>	A-1A (Limited Advanced Life Support + Basic Life Support)
	<input type="checkbox"/>	<input type="checkbox"/>	A-2 (Basic Life Support Only)
	<input type="checkbox"/>	<input type="checkbox"/>	C-1 (Non-Transporting Advanced Life Support + Basic Life Support)
	<input type="checkbox"/>	<input type="checkbox"/>	C-1A (Non-Transporting Limited Advanced Life Support + Basic Life Support)
	<input type="checkbox"/>	<input type="checkbox"/>	C-2 (Non-Transporting Basic Life Support Only)

Vehicle Information:

<input type="text"/> Vehicle Identification Number (VIN)	<input type="text"/> Vehicle Name/Call Sign (i.e., Rescue 2, Engine 14, Squad 1)
<input type="text"/> Vehicle Make	<input type="text"/> Vehicle Model
<input type="text"/> Vehicle Model Year	<input type="text"/> Vehicle Color
<input type="text"/> Vehicle Registration Plate	<input type="text"/> Vehicle Patient Capacity
<input type="text"/> Vehicle Registration State	

Vehicle Fee Information:

Please select appropriate fees paid
 Required fees must accompany the application.

Make cashier's check or money order payable to "General Treasurer, State of RI".

- Vehicle License Fee** \$ 250.00 per application
- Vehicle Inspection Fee** \$ 170.00 per inspection

Fees are Non-Refundable

Total Enclosed \$ _____ .00

OR declare exemption as applicable to the service.

This vehicle is exempt from application/inspection fees

Affidavit of Application: **The information provided above is correct. I hereby make application for licensure of this vehicle.**

Signature of Applicant

Title

Date

For Office Use Only	EMV# _____	License ID# _____
<input type="checkbox"/> Fees Received and Paid		Date Received: _____
<input type="checkbox"/> Inspection Completed <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date Inspected: _____
By: _____		Issue Date: _____