

SECTION OF EMS AND TRAUMA SYSTEMS
APPLICATION FOR EMS REGISTRATION OF AIRCRAFT

SERVICE NO. _____
AIRCRAFT REG.NO. _____
EXPIRATION _____

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1. Name of Service _____
Location of Aircraft _____
2. Mailing Address of Service _____

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3. Current EMS License Number _____
4. Current FAR Certification Number _____
5. Aircraft Identification Information:
a. Aircraft Registration Number _____
b. Year _____ Manufacturer _____ Model _____
c. Date of Purchase _____

6. I certify the above information is true and correct to the best of my knowledge and belief.
7. Authorized Signature: _____
8. Title of individual: _____
9. Date of signature: _____

This application, accompanied by a fee of \$105.00, must be sent to:

Arkansas Department of Health
Section of EMS & Trauma Systems
5800 West 10th Street, Suite 800
Little Rock, AR 72204-1763

Make check or money order payable to Arkansas Department of Health.

FEES ARE NON-REFUNDABLE.