Section of Emergency Medical Services
Vehicle Registration Application

Service Name:

Mailing Address:

Service License Number (three-digit number from wall certificate)

**VEHICLE INFORMATION:**

License Plate (DMV) Number  State  Full VIN (Serial) Number

Make  Model  Year  Date of Purchase  Purchased from

Ambulance Type (check one)  TYPE I  TYPE II  TYPE III  Other

Permit Number (Arkansas Dept. of Health decal on the left rear of vehicle) If no decal mark “N/A”

**TYPE OF PERMIT**

- □ Paramedic  □ Advanced Response  □ Air-Rotor  □ Fixed Wing
- □ Adv. EMT  □ EMT  □ EMT-V  □ EMT-S  □ Stretcher

**IF THE ABOVE UNIT IS TO REPLACE AN EXISTING UNIT, PLEASE COMPLETE BELOW:**

Existing vehicle license plate number  Permit decal number

Permit level  Disposition of vehicle

**INTENTIONAL FALSIFICATION OF ANY INFORMATION ON THIS OR ANY APPLICATION WILL RESULT IN DENIAL OR REVOCATION OF THE SERVICE LICENSE.**

I CERTIFY THAT THE ABOVE, AND ATTACHED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**VEHICLE IS NOT TO BE OPERATED PRIOR TO APPROVAL BY THIS OFFICE**

**SEE REVERSE**

New Vehicle License Application / updated December 2020
INSTRUCTIONS

LICENSE
All Services engaging in the emergency transport of people, within the state of Arkansas, on a routine basis must apply for an Ambulance Service License as issued by the Department of Health, Section of Emergency Medical Service and Trauma Systems. Please complete this form and forward a non-refundable fee of five hundred twenty-five ($525) dollars, company check or money order, (Special Purpose only, $25.00) with the application form to:

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

LIABILITY INSURANCE
All Ambulance services must hold liability insurance issued by an Arkansas licensed company on all vehicles covered under this license. A copy of the certificate of insurance must be attached.

VEHICLES
All vehicles used for the emergency transport of people must be registered with the Arkansas Department of Health, Section of Emergency Medical Services to operate in Arkansas. Vehicle registration is accomplished by completing the Vehicle Registration Application and forwarding a non-refundable fee of one hundred five ($105.00) dollars for each vehicle to the above address. (Special Purpose Only $5.00)

If the vehicle registered is to replace an existing vehicle, indicate as shown on this form. Indicate under ‘DISPOSITION’ what is to be done with the replaced vehicle. If the replaced vehicle is to be used at another level, you must complete another form and submit fees to have it registered at the new level.

If the replaced vehicle is sold, no longer used, or used at another level, remove the decal.

DO NOT OPERATE ANY VEHICLE AS AN AMBULANCE WITHOUT PRIOR APPROVAL FROM THIS OFFICE