



PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

MODIFICATION OF EMS AGENCY FLEET / TEMPORARY
CHANGE OF VEHICLE FORM

An EMS Agency is required to complete this form if it intends to either replace an EMS vehicle on a permanent basis, add an EMS vehicle to its fleet or is required to use an EMS vehicle on a temporary basis to replace an EMS vehicle the EMS agency has removed from service for repairs or other reasons.

1. Name of EMS Agency: \_\_\_\_\_

2. Administrative Headquarters: \_\_\_\_\_
(Street, Road) Note: P.O. Box not acceptable
(City) (State) (Zip Code)

3. Affiliate #: \_\_\_\_\_ 4. License #: \_\_\_\_\_

5. Regional EMS Council\*: \_\_\_\_\_

6. Is this action: \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_ Removal \_\_\_\_\_ Temporary

7. EMS Vehicle Being Replaced, Added or Removed:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_

Plate or FAA #: \_\_\_\_\_

Decal # \_\_\_\_\_

8. Additional/Replacement EMS Vehicle Information:

Year \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_

Plate or FAA#: \_\_\_\_\_

9. Temporary EMS Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_ Plate or FAA#: \_\_\_\_\_

DOH Decal #: \_\_\_\_\_ (If borrowed from another EMS Agency)

Anticipated Length of Use: \_\_\_\_\_

10. EMS Agency Contact:

\_\_\_\_\_  
(Printed Name) (Email Address)

\_\_\_\_\_  
(Signature) (Date) (Phone Number with Area Code)

11. REGIONAL EMS COUNCIL USE ONLY:

Date Received: \_\_\_\_\_

Date EMS Vehicle Inspected (attach copy of inspection form): \_\_\_\_\_

Date Forwarded to BEMS: \_\_\_\_\_

12. BUREAU OF EMERGENCY MEDICAL SERVICE USE ONLY:

Date Received: \_\_\_\_\_

Date Licensure File Updated: \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO THE REGIONAL EMS COUNCIL RESPONSIBLE FOR THE EMS REGION IN WHICH THE EMS AGENCY INTENDS TO PLACE AND OPERATE THE EMS VEHICLE. IF THE EMS AGENCY IS REPLACING AN EMS VEHICLE, THE DECALS MUST BE REMOVED AND RETURNED TO THE REGIONAL COUNCIL WITHIN 30 DAYS OF RECEIPT OF THE NEW DECALS FOR THE REPLACEMENT VEHICLE.**

\* This is the regional EMS council that is responsible for the EMS region where the EMS Agency intends to place and operate the EMS vehicle.