

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. A replacement or additional EMS vehicle may be used by the EMS Agency only after the regional EMS council has inspected it, and the EMS vehicle has been authorized by the Bureau of Emergency Medical Services to begin using the EMS vehicle. For a temporary EMS vehicle, the EMS Agency must submit this form to the regional EMS council that has responsibility for the EMS region in which the EMS vehicle will be based. This form may be submitted by facsimile, electronic mail or regular mail, or any other matter no later than 24 hours after the EMS Agency places the temporary EMS vehicle in service.

1. Name of EMS Ag	gency:			
2. Administrative H	eadquarters:	D 1) N (DO D		
	(Street,	Road) Note: P.O. Bo	x <u>not</u> acceptable	
(City)		(State)	(Zip Code)	
3. Affiliate # :	4. License # :			
5. Regional EMS Co	uncil*:			
5. Is this action:	Replacement	Addition	Removal	Temporary
7. EMS Vehicle Beir	ng Replaced, Added or R	Removed:		
Year:	Make:	Model:		
/IN or Aircraft Seria	1#:			
Plate or FAA #:				
Decal #				
3. Additional/Replac	ement EMS Vehicle Info	ormation:		
Year	Make:	Model:		
VIN or Aircraft Seria	1#:			
01.44. a.s. E.A. A.#.				

9. Temporary I	EMS Vehicle Information:				
Year:	Make:	Make: Model:			
VIN or Aircraf	et Serial #:		Plate or FAA#:		
DOH Decal #:		(If borrowed from ano	other EMS Agency)		
Anticipated Le	ength of Use:				
10. EMS Ager	ncy Contact:				
(Printed N	Name)	(Email Add	ress)		
(Signature	e)	(Date)	(Phone Number with Area Code)		
11. REGION A	AL EMS COUNCIL USE	ONLY:			
Date Received	:				
Date EMS Veh	nicle Inspected (attach copy	of inspection form): _			
Date Forwarde	ed to BEMS:				
12. BUREAU	OF EMERGENCY MED	ICAL SERVICE US	E ONLY:		
Date Received	:				
Date Licensure	e 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.