



BUREAU OF EMERGENCY MEDICAL SERVICES

REQUEST FOR AN EXCEPTION

Name of Ambulance Service: _____

Address: _____

Telephone Number: (_____) _____ Affiliate #: _____

The above named ambulance service is requesting that the following exception(s) be approved for the ambulance vehicles identified below:

Exception(s) Requested:

Vehicle Information:

Vehicle Identification Number (VIN)	License Plate #
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(Note: A picture of the vehicle(s) must be included with this request and attach any additional pages as necessary)

(Signature of Principal Official) Title

Date: _____