

| | | |
|---|--|--|
| REASON FOR SUBMITTING APPLICATION: <input type="checkbox"/> Remove Vehicle From Service <input type="checkbox"/> Adding A Vehicle <input type="checkbox"/> Replacing Vehicle <input type="checkbox"/> Renewal Of License <input type="checkbox"/> Upgrade/Downgrade <input type="checkbox"/> Change Information <input type="checkbox"/> Specify the Change Note: A replacement vehicle means a life support agency has removed a vehicle from service and replaced it with another at the same level. | STATE OF MICHIGAN LIFE SUPPORT VEHICLE LICENSE APPLICATION PART 2 FEE \$25.00 (Medical First Responder No Fee) \$100.00 for each Aircraft Transport Vehicle (Fixed Wing) Late fee is an additional \$100.00 per vehicle Medical First Responder late fee is \$100.00 per vehicle Make Check or Money Order Payable to: STATE OF MICHIGAN (Please Type or Print) | APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOW INFORMATION: |
| COMPANY NAME | VEHICLE LOCATION | LICENSE LEVEL <input type="checkbox"/> 1st Responder <input type="checkbox"/> Basic <input type="checkbox"/> Limited <input type="checkbox"/> Advanced |
| FACILITY NUMBER | STREET ADDRESS | TYPE <input type="checkbox"/> Transport <input type="checkbox"/> Nontransport <input type="checkbox"/> Aircraft Transport <input type="checkbox"/> Air Ambulance |
| COMPANY ADDRESS | CITY | Vehicle is equipped with communications system that meets MEDCOM Specifications <input type="checkbox"/> 1st Responder <input type="checkbox"/> Basic <input type="checkbox"/> Limited <input type="checkbox"/> Advanced |
| CITY | STATE | <input type="checkbox"/> Check Box If Vehicle Is AED Equipped |
| STATE | ZIP | FOR EMS SECTION USE ONLY |
| ZIP | REGISTERED OWNER INFORMATION | Facility Number _____ |
| VEHICLE I.D. NUMBER (VIN) | NAME (Print) | Expiration Date _____ |
| YEAR | STREET ADDRESS | |
| VEHICLE MAKE | CITY | |
| CURRENT LICENSE PLATE NUMBER | STATE | |
| | ZIP | |
| | OWNERS NAME (Individual or Corporation) | |
| | RETURN APPLICATION TO: MICHIGAN DEPARTMENT OF COMMUNITY HEALTH EMS & TRAUMA SYSTEMS SECTION PO BOX 30437 LANSING, MI 48909 For Direct mail: MDCH • EMS & TRAUMA SECTION 201 TOWNSEND ST. • LANSING, MI 48913 | |

SEE INSTRUCTIONS ON BACK

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
EMS & TRAUMA SYSTEMS SECTION
INSTRUCTIONS

When submitting an application for licensure/relicensure be sure to include a completed Part 2 (Life Support Vehicle Application, BHS/EMS 181) for each vehicle.

Make sure that the box indicating the reason for submitting the Part 2 is completed.

If you are removing, replacing or downgrading a vehicle you must to complete a separate Part 2.

If this is a new vehicle being added to your service be sure to include:

- A completed Manufacturers Certificate of Compliance (form BHS/EMS-314) for transport vehicles only.

Note: A replacement vehicle means a life support agency has removed a vehicle from service and replaced that vehicle with another at the same level.

When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, draw a line through it and enter the correct information either above or next to the preprinted information.

Return all forms, including correct payment (if required) to the address indicated on the front of this application. (See required fees on the front of this application) Effective May, 2004, late fees are required for MFR vehicles if not received by the renewal expiration date.

Please advise the department immediately of any changes that would alter the information contained on the licensure application.

Any application(s) received by the Michigan Department of Community Health, that is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all applications and correspondence communicated to this office.