



# Maine EMS Vehicle License Application



## Service Information:

Service Name: \_\_\_\_\_

Service Number: \_\_\_\_\_ Service Expiration: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail:\* \_\_\_\_\_

\* Please provide the service email address for the vehicle license to be sent to.

## Add Vehicle:

Please Identify the Type of Vehicle:

Ambulance (Transporting)  EMS Vehicle (Non-Transporting)\*\*

\*\*Please also include a copy of the vehicle title, state registration, and photos of all 4 sides of the vehicle.

Please Identify the Type of Licensing:

Permanent Addition\*\*\*  Temporary Addition  Replacement of Current Vehicle

\*\*\*Permanent addition of a vehicle increases the total number of vehicle licenses a service holds, and requires a licensing fee of \$5.00 per month. To calculate the license fee, determine the number of months until the expiration of your service license and multiply by \$5.00.

VIN Number: \_\_\_\_\_ \*Complete 16 digit number

DMV Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ \*leave blank if not DMV registered

Chassis Manufacturer: \_\_\_\_\_ \*i.e. Ford, Chevy, GMC, Dodge, etc

Ambulance Manufacturer: \_\_\_\_\_ \*i.e. AEV, Horton, PL Custom, Wheeled Coach, etc

Chassis Year: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ \*i.e. Type I, Type II, Type III, etc.

## Remove Vehicle:

Please list the Maine EMS Vehicle License # for all vehicles being removed from the service's use:

MEMS Vehicle #: \_\_\_\_\_ Reason: \_\_\_\_\_

MEMS Vehicle #: \_\_\_\_\_ Reason: \_\_\_\_\_

MEMS Vehicle #: \_\_\_\_\_ Reason: \_\_\_\_\_

MEMS Vehicle #: \_\_\_\_\_ Reason: \_\_\_\_\_

I hereby request licensure/authorization/removal of the vehicle(s) listed above and certify that the vehicle to be added to service meets all applicable Maine EMS Rules and Maine Law.

Printed Name of Authorized Service Representative \_\_\_\_\_

Signature of Authorized Service Representative \_\_\_\_\_

Date \_\_\_\_\_

Please email this form to Maine EMS at [ems.licensure@maine.gov](mailto:ems.licensure@maine.gov). Licensure Fee Payment may only be made through credit/debit card transactions via the eLicensure Portal System.

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

152 State House Station, Augusta, Maine 04333-0152

With offices located at: Central Maine Commerce Center, 45 Commerce Dr, Augusta, ME 04330