



# MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

## INCORPORATED NONPROFIT AMBULANCE SERVICE

Name of Corporation \_\_\_\_\_  
 Name of Ambulance Service \_\_\_\_\_  
 Physical Location \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

**The statute reads,** “Nonprofit ambulance services. Sales to incorporated nonprofit ambulance services, and to air ambulance services that are limited liability companies all of whose members are nonprofit organizations.” PL 2007, c. 419, §§1 and 2 (AMD).

*Is the ambulance service incorporated?* Yes \_\_\_ No \_\_\_

*Has the ambulance service received 501(c) nonprofit status from the IRS?* Yes \_\_\_ No \_\_\_

**IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED:**

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-laws;
2. Copy of the IRS determination letter indicating 501(c) nonprofit status;
3. Copy of license issued by State of Maine Department of Public Safety, Emergency Medical Services;
4. Please forward any licenses, publications issued to or by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

**Note:** All information included with this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify under the pains and penalties of perjury that \_\_\_\_\_ is an incorporated nonprofit ambulance service. I therefore request that a sales, use and service provider tax exemption certificate be issued to the above organization pursuant to 36 M.R.S. §§ 1760(26) and 2557(5).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Fed ID: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Date Facility Opened: \_\_\_\_\_

Mailing address: Maine Revenue Services, P.O. Box 1060, Augusta, ME 04332-1060

APP-124 (Rev 03/2020)

Phone: (207) 624-9693

V/TTY: 7-1-1  
 E-mail: [sales.tax@maine.gov](mailto:sales.tax@maine.gov)

Fax: (207) 287-6628