



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: salesapp.MRS@maine.gov

Fax: (207) 287-6628