



**DEPARTMENT OF HUMAN SERVICES
EMS AND TRAUMA SYSTEMS SECTION**
PO BOX 14450
PORTLAND OR 97293-0450



**APPLICATION FOR AMBULANCE SERVICE
OR AMBULANCE VEHICLE REPLACEMENT LICENSE**

Please use a separate application form for each replacement license requested.

Mail the completed application with a \$10.00 **NONREFUNDABLE FEE** to: Department of Human Services, Business Services, P.O. Box 14260, Portland, OR 97293-0260. Make the check in the following amount payable to the **Department of Human Services, EMS & Trauma Systems Section. (DHS-EMS/TS)**

AMBULANCE SERVICE INFORMATION

Registered Owner's Name: _____
Last First M.I.

Business Name: _____

Mailing Address: _____
Street or PO Box Number

City County State Zip Code

Phone: _____ Email: _____

Name of person making application: _____

TYPE OF REPLACEMENT LICENSE REQUESTED

Ambulance Service License Name of Service: _____

Ground Ambulance License License Plate Number: _____
 Internal Paper License
 Window License Decal
 Year Tag

Air Ambulance Registration Number: _____
 Internal Paper License
 Window License Decal
 Year Tag

Marine Ambulance Registration Number: _____
 Internal Paper License
 Window License Decal
 Year Tag

STATEMENT OF TRUTH OF APPLICATION

I, _____, certify that I am an authorized agent of the entity that owns or leases and operates the ground ambulance described in this application.

I certify that to the best of my knowledge, that this ambulance service or ambulance vehicle meets all federal, state, county and city requirements to operate in Oregon. I have carefully read the application and answered the appropriate questions completely and without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my ambulance service or ambulance vehicle license and the ability to operate in the State of Oregon.

(Signature of the authorized agent owning or leasing this ambulance)

Date