

OMB Approval No. 0938-0685

2. Description of Vehicle

This section is to be completed with information about the vehicles used by this ambulance company, the equipment they carry, and the services they provide. If there are more than two vehicles, copy and complete this section as needed.

A copy of each vehicle's registration MUST be submitted. For air ambulance suppliers, attach a copy of FAA 135.

A. 1st Vehicle Information ☐ Add ☐ Delete ☐ Change **Effective Date:** _____

1. Type (automobile, aircraft, boat, etc.) _____ Vehicle Identification Number _____

Make _____ Model _____ Year (YYYY) _____

2. Does this vehicle have the following:

first aid supplies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	other safety/life-saving equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
oxygen equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	two-way telecommunications radio?	<input type="checkbox"/> YES <input type="checkbox"/> NO
emergency warning lights?	<input type="checkbox"/> YES <input type="checkbox"/> NO	mobile communication/wireless telephone?	<input type="checkbox"/> YES <input type="checkbox"/> NO
sirens?	<input type="checkbox"/> YES <input type="checkbox"/> NO	stretcher?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		clean linens?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Report other medical equipment this vehicle carries: _____

3. Does this vehicle provide:

advanced life support (Level 1)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	specialty care transport?	<input type="checkbox"/> YES <input type="checkbox"/> NO
advanced life support (Level 2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	land ambulance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
basic life support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	air ambulance – fixed wing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
emergency runs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	air ambulance – rotary wing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
non-emergency runs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	marine ambulance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

How many crewmembers accompany this vehicle on runs? _____

B. 2nd Vehicle Information ☐ Add ☐ Delete ☐ Change **Effective Date:** _____

1. Type (automobile, aircraft, boat, etc.) _____ Vehicle Identification Number _____

Make _____ Model _____ Year (YYYY) _____

2. Does this vehicle have the following:

first aid supplies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	other safety/life-saving equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
oxygen equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	two-way telecommunications radio?	<input type="checkbox"/> YES <input type="checkbox"/> NO
emergency warning lights?	<input type="checkbox"/> YES <input type="checkbox"/> NO	mobile communication/wireless telephone?	<input type="checkbox"/> YES <input type="checkbox"/> NO
sirens?	<input type="checkbox"/> YES <input type="checkbox"/> NO	stretcher?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		clean linens?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Report other medical equipment this vehicle carries: _____

3. Does this vehicle provide:

advanced life support (Level 1)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	specialty care transport?	<input type="checkbox"/> YES <input type="checkbox"/> NO
advanced life support (Level 2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	land ambulance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
basic life support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	air ambulance – fixed wing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
emergency runs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	air ambulance – rotary wing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
non-emergency runs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	marine ambulance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

How many crewmembers accompany this vehicle on runs? _____