



**Division of Emergency Medical Services**  
 3 Capitol Hill, Room 103, Providence, RI 02908-5097  
 (401) 222-2401

**Application To License an Ambulance or Rescue Vehicle**

**Name of Service:**

<b>Vehicle Classification:</b>	<b>Primary</b>	<b>Reserve</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-1 (Advanced Life Support + Basic Life Support)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-1A (Limited Advanced Life Support + Basic Life Support)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-2 (Basic Life Support Only)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>C-1 (Non-Transporting Advanced Life Support + Basic Life Support)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>C-1A (Non-Transporting Limited Advanced Life Support + Basic Life Support)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>C-2 (Non-Transporting Basic Life Support Only)</b>

**Vehicle Information:**

<input type="text"/> Vehicle Identification Number (VIN)	<input type="text"/> Vehicle Name/Call Sign (i.e., Rescue 2, Engine 14, Squad 1)
<input type="text"/> Vehicle Make	<input type="text"/> Vehicle Model
<input type="text"/> Vehicle Model Year	<input type="text"/> Vehicle Color
<input type="text"/> Vehicle Registration Plate	<input type="text"/> Vehicle Patient Capacity
<input type="text"/> Vehicle Registration State	

**Vehicle Fee Information:**

**Please select appropriate fees paid**  
 Required fees must accompany the application.

Make cashier's check or money order payable to "General Treasurer, State of RI".

- Vehicle License Fee** . . . . . \$ 250.00 per application
- Vehicle Inspection Fee** . . . . . \$ 170.00 per inspection

**Fees are Non-Refundable**

**Total Enclosed** . . . . . \$ \_\_\_\_\_ .00

**OR** declare exemption as applicable to the service.

This vehicle is exempt from application/inspection fees

**Affidavit of Application:** The information provided above is correct. I hereby make application for licensure of this vehicle.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>	<b>EMV#</b> _____	<b>License ID#</b> _____
<input type="checkbox"/> Fees Received and Paid		Date Received: _____
<input type="checkbox"/> Inspection Completed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Inspected: _____
By: _____		Issue Date: _____