



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Emergency Vehicle Short-Form Application

Pursuant to PA 06-195

Date: _____

1 _____
Name of Service License/Certificate number

2 _____
Address Town Zip

3 _____
Primary Service Area (where vehicle is proposed to be utilized)

4 We intend to add: Ambulance Paramedic non-transport vehicle

5 **Attach an explanation as to why the additional vehicle is necessary and its proposed use on agency letterhead.**

6 **Attach proof of insurance to include: vehicle accident, property, and medical malpractice as required in CGS Section 19a-180 (a).**

7 **Attach a list of the EMS providers to who notice was sent in which you stated your intention to add this vehicle.**

8 **Attach proof that notification(s) required in item 7 above were in fact sent, i.e.: signed postal return receipt request form(s).**

9 Complete the following information utilizing data from the past 12 months from the date of this application:

Total Call Volume: _____

Average Response Time: _____

Calls Passed: _____

Print the name of person completing form

Title

Signature

Phone number



Phone: (860) 509-7975
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

October 2006