



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

TEMPORARY CHANGE OF VEHICLE FORM

An ambulance service is required to be complete this form if it uses an ambulance on a temporary basis to replace ambulances it has removed from service for repairs or other reason. The ambulance service must submit this form to the regional EMS council that has responsibility for the EMS region in which the ambulance is operating. This form may be submitted by facsimile, electronic mail or regular mail, or any other manner that ensures that it is received by the regional EMS council no later than 24 hours after the ambulance service places the ambulance in service.

1. Name of Ambulance Service: \_\_\_\_\_

2. Administrative Headquarters: \_\_\_\_\_
(Street, Road) Note: P.O. Box not acceptable.

\_\_\_\_\_  
(City) (State) (Zip Code)

3. Affiliate # : \_\_\_\_\_ 4. Ambulance License #: \_\_\_\_\_

5. Ambulance Being Removed From Service:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Decal #: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_

Plate or FAA # \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

6. Temporary Ambulance Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN or Aircraft Serial #: \_\_\_\_\_

Plate or FAA #: \_\_\_\_\_

Anticipated Length of Use: \_\_\_\_\_

**7. REGIONAL EMS COUNCIL USE ONLY:**

Date Received: \_\_\_\_\_

Date Ambulance Inspected: \_\_\_\_\_  
(Attach copy of inspection form if required)

Date Forwarded to the EMS Office: \_\_\_\_\_

**8. EMERGENCY MEDICAL SERVICES OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_