



APPLICATIONS FOR VEHICLE PERMIT(S)

EMS Provider: _____

Business Address: _____

Telephone Number: _____ City: _____ State: _____ Zip Code: _____

	Permit Type (Check All That Apply)							Vehicle Data				
	New	Current	Remove	State Permit#	ALS Non-Transport	ALS Transport	BLS Transport	Year	Make	Model	License Plate	Last 6#s of V.I.N.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Enclose Permit Fee(s). Do not send cash. Checks should be made payable to Broward County and mailed to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. **All fees are nonrefundable.** Fees can be paid by mail by check only, or in-person by check or credit card.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 3½, B.C.C., Chapter 401, F.S., and Rule 64J-1, F.A.C., are present and in working order on the above describe vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained and the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapter 3½, B.C.C., Chapter 395 and 401, F.S., and Chapter 64J-1 F.A.C.

SIGNATURE TITLE DATE

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.