



Broward County  
Resilient Environment Department  
**Consumer Protection Division**  
**NONEMERGENCY MEDICAL TRANSPORTATION VEHICLE**  
**PERMIT APPLICATION FORM**

Name of Service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**USE SEPARATE APPLICATION FORM FOR EACH VEHICLE**

1. Type of Vehicle:     Wheelchair                       Stretcher                       Combination                       Sedan \*

2. Type of Application:     New                       Renewal

3. Vehicle Data:

Manufacturer: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Mileage: \_\_\_\_\_ Color Scheme: \_\_\_\_\_

(Attach photograph of vehicle)

Unit Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

(Attach copy of vehicle registration)

4. Application packets and fees will be accepted in-person or by mail sent to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Payment of \$69.00 per vehicle can be submitted by mail, in the form of check only, or in-person by check or credit card.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\* Vehicle must meet the minimum vehicle standards found in [Section 221/2-9B\(a\) thru \(e\)](#) of the Broward County Code of Ordinances and all manufacturer's specifications.