



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 \$71.00 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.