



**DEPARTMENT OF HUMAN SERVICES
EMS AND TRAUMA SYSTEMS SECTION
PO BOX 14450
PORTLAND OR 97293-0450**



APPLICATION FOR A GROUND AMBULANCE LICENSE

Mail the completed application with the appropriate **NONREFUNDABLE FEE** to: Department of Human Services, Business Services, P.O. Box 14260, Portland, OR 97293-0260. Make the check in the following amount payable to the **Department of Human Services, EMS & Trauma Systems Section.**

- \$45** per ambulance - This service has a maximum of four full-time paid positions.
 \$80 per ambulance - This service has five or more full-time paid positions.

All ground ambulance licenses expire on June 30 of each year, except for a license that is issued between April 1 and June 30, then the license shall expire on June 30 of the following year.

AMBULANCE SERVICE INFORMATION

Registered Owner's Name: _____
Last First M.I.

Business Name: _____

Mailing Address: _____
Street or PO Box Number

City	County	State	Zip Code
------	--------	-------	----------

Phone: _____ Email: _____

Name of person making application: _____

Ground Ambulance Description

Check here if vehicle was purchased from an ambulance service in Oregon,
 Name: _____

Check here if vehicle is a remount and list previous VIN #: _____

Ground Ambulance Model: Type I Type II Type III

Make of Vehicle: _____ Year of Manufacture: _____ VIN #: _____

License Plate #: _____ Mileage: _____ Conversion Manufacturer: _____

- Attach copy of ambulance manufacturers authenticated Star-of-Life KKK certificate. An ambulance built after January 1, 1990 must comply with KKK-A-1822C specifications. An ambulance built and purchased after November 1, 1994 must comply with KKK-A-1822F specifications.

Colors of: Vehicle Body _____ Stripe _____ Lettering _____

Insigne name, monogram or other distinguishing characteristics: _____

NOTE: The official color of a ground ambulance is white with an uninterrupted orange stripe, with blue lettering and Star-of-Life emblems as prescribed by KKK-A-1822E. If selecting a color other than white with an uninterrupted orange stripe, the ambulance owner must select a color and accompanying paint scheme that will ensure the prompt recognition of this vehicle as a licensed ambulance.

STATEMENT OF TRUTH OF APPLICATION

I, _____, certify that I am an authorized agent of the entity that owns or leases and operates the ground ambulance described in this application.

I certify that to the best of my knowledge, that this ground ambulance meets all federal, state, county and city requirements to operate as an ambulance in Oregon. I have carefully read the application and answered the appropriate questions completely and without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of this ground ambulance license or my ambulance service license to operate in the State of Oregon.

(Signature of the authorized agent owning or leasing this ambulance)

Date