

## Request for a Licensed Ambulance Service to Utilize Temporary Vehicles

Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Director of Operations: \_\_\_\_\_ Designated Contact Person: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

License plate: \_\_\_\_\_ Expires: \_\_\_\_\_ MVI #: \_\_\_\_\_ Expires: \_\_\_\_\_

Reason for temporary addition: \_\_\_\_\_

Date placed in service: \_\_\_\_\_ Date to be removed from service: \_\_\_\_\_

This attestation form must be signed by the Director/ Designee of the Ambulance Service, and each page of the form must be initialed and dated.

**ATTENTION: Read the following carefully before signing.**

Statements or entries generally: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes false, fictitious or fraudulent statement(s) or entry(s), shall be fined or imprisoned or both. (18 United States Code 1001).

I certify that I have reviewed the requirements to operate an ambulance, air ambulance, and/ or emergency response (sprint) vehicle (LRS 40:1235, 1235.1, or 1236.4 as appropriate, and L.R.S. 40:1235.2 through L.R.S. 40:1236.11, and LAC 48.1, Chapter 60), and based upon my personal knowledge, and belief, I attest that the following vehicle: (year model, make, and VIN of vehicle being utilized): \_\_\_\_\_ effective \_\_\_\_\_ through \_\_\_\_\_, meets and will continue to meet the applicable requirements for ambulances and ambulance services set forth in the applicable Minimum Licensing Standards found in the Louisiana Administrative Code, the Louisiana Revised Statutes, and Code of Federal Regulations. I agree that if the vehicle or the service fails to meet any of these requirements, I will notify the Louisiana Department of Health, Office of Public Health, Bureau of EMS of the change immediately in order to permit a valid determination of the vehicle's compliance with the regulations. I understand that the Louisiana Department of Health, Office of Public Health, Bureau of EMS or their representatives have the right to conduct an inspection at any time to validate whether or not the information provided is true.

Director of Operations or designee (signature & date): \_\_\_\_\_

**Bureau of EMS Office Use Only**

\_\_\_\_\_  
Compliance Coordinator

Date: \_\_\_\_\_  
Void after 90 Days