

REQUEST FOR INSPECTION

FAX TO: (225)925-7244 or MAIL TO: Bureau of EMS Attn: Compliance Coordinator 7273 Florida Blvd. Baton Rouge, La. 70806	<input type="checkbox"/> <i>Ground Ambulance</i> <input type="checkbox"/> <i>Air Ambulance</i> <input type="checkbox"/> <i>Sprint Vehicle</i>
--	---

STATE ID: _____	PROVIDER: _____
UNIT LOCATED: _____	REQUESTED BY: _____
PHONE NUMBER: (____) _____ - _____	Copy of registration _____ Copy of Certificate of Liability Insurance _____
\$75.00 payment to: Bureau of EMS, Attn: Compliance Coordinator, 7273 Florida Blvd., Baton Rouge, LA 70806 _____	

REASON FOR INSPECTION: (Check One Below) Effective Date Of Use ____/____/____

Initial
 Renewal
 Fleet Addition

Addition of New Unit to Existing Fleet VIN# _____ New Unit # _____ Year ____ Make _____

Replacement of Unit # _____ Old VIN# _____

New Unit # _____ New VIN # _____ Year ____ Make _____

ATTESTATION STATEMENT

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 vehicle referenced above, 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 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 (printed or typed): _____

Signature: _____ Date: _____

*****This form must be accompanied by a Certificate of Insurance and a Certificate of Registration for the Vehicle and a Vehicle Inspection Fee of \$75.00 per vehicle. Payment may be made in the form of a company check or money order payable to the Bureau of EMS.*****

Bureau of EMS Office Use Only

Approved by: _____	Date: _____
Compliance Coordinator	Permit #:EMS Provider _____ (void after 90 days)