



# State of Louisiana TOC/BEMS Surge Unit Registration Form



Louisiana  
Placard Number

Event Name

Initial Registration

Contract Number    Tracking Number

Replacement Unit

Date Activated    Time Activated

Placard # being replaced

## Ambulance

Provider Name

Unit Number

Person completing form

License Plate#

Vin #

Person completing form Email

State Decal #

Decal Exp Date

Level of Care

Asset Type

Phone #

Fuel type

Max # Transport capacity

## Crew Member #1

## Crew Information

First Name  
(as recorded with BEMS)

Nick Name

Last Name  
(as recorded with BEMS)

NREMT #

BEMS State #

Yes    No  
Team Leader Recommended

DL # & State

Cell Number

Cell Provider

Date of Birth

Yes    No  
has been BEMS verified by provider

## Crew Member #2

First Name  
(as recorded with BEMS)

Nick Name

Last Name  
(as recorded with BEMS)

NREMT #

BEMS State #

Yes    No  
Team Leader Recommended

DL # & State

Cell Number

Cell Provider

Date of Birth

Yes    No  
has been BEMS verified by provider

## Dispatch

Enroute from: \_\_\_\_\_

Times    Date    Time

Enroute to APS: \_\_\_\_\_

Unit Arrived APS: \_\_\_\_\_

Assigned by APS: \_\_\_\_\_

Initial Assignment: \_\_\_\_\_

## Signatures

Crew Lead Name

BEMS Representative

Crew Lead Signature

BEMS Representative Signature

**Please email form to: (cut & paste)  
Ambulance.standards@la.gov**

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