

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 40:1135.1, 1135.2, 1135.3, 1135.4, 1135.5, 1135.8, 1135.9, 1135.11, 1135.12, 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