

Name of Agency	
Date	
Surveyor Names:	

INITIAL ANNUAL FLEET ADDITION REINSPECTION CHANGE LOC

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
LICENSE PLATE:	EXP.:	LICENSE PLATE:	EXP.:
INSPECTION:	EXP.:	INSPECTION:	EXP.:
MILEAGE:		MILEAGE:	

UNIT #:	EMT/AEMT/PARAMEDIC	UNIT #:	EMT/AEMT/PARAMEDIC
VIIN#:		VIIN#:	
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MILEAGE:		MILEAGE:	

Surveyor Signature: _____ Date: _____