

REASON FOR SUBMITTING APPLICATION: <input type="checkbox"/> Remove Vehicle From Service <input type="checkbox"/> Adding A Vehicle <input type="checkbox"/> Replacement Vehicle <input type="checkbox"/> Renewal Vehicle <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> Change Information <input type="checkbox"/> Specify the Change Note: A replacement vehicle means a life support agency has removed a vehicle from service and replaced it with another at the same level.	STATE OF MICHIGAN LIFE SUPPORT VEHICLE LICENSE APPLICATION PART 2 FEEES \$25.00 for BLS, LALS & ALS vehicles \$100.00 for each Aircraft Transport Vehicle (Fixed Wing) No fee for Medical First Responder for - initial or renewal if received by license renewal expiration date LATE FEES APPLY AFTER LICENSE RENEWAL EXPIRATION DATE Late fees are an additional \$100.00 per vehicle (MFR – ALS) Make Check or Money Order Payable To: STATE OF MICHIGAN (Please type or print)	* Please Note * <ul style="list-style-type: none"> • New /replacement vehicles - vehicle must have all equipment and lettering prior to submitting application • If application is incomplete, it will be returned
COMPANY NAME	VEHICLE LOCATION	Vehicle is equipped with communications system that meets MEDCOM Specifications at the level of: <input type="checkbox"/> 1st Responder <input type="checkbox"/> Limited <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
FACILITY NUMBER	STREET ADDRESS	LICENSE LEVEL <input type="checkbox"/> 1st Responder <input type="checkbox"/> Transport <input type="checkbox"/> Basic <input type="checkbox"/> Nontransport <input type="checkbox"/> Limited <input type="checkbox"/> Aircraft Transport <input type="checkbox"/> Advanced <input type="checkbox"/> Air Ambulance
COMPANY ADDRESS	CITY STATE ZIP	MDHHS ACCOUNTING VALIDATION
CITY STATE ZIP	REGISTERED OWNER INFORMATION	
VEHICLE I.D. NUMBER (VIN)	REGISTERED OWNERS NAME (Individual or Corporation)	
YEAR MAKE	STREET ADDRESS	
CURRENT LICENSE PLATE NUMBER	CITY STATE ZIP	
PHONE/EMAIL		
RETURN APPLICATION TO: MICHIGAN DEPARTMENT OF HEALTH&HUMAN SERVICES EMS SECTION PO BOX 30437 LANSING, MI 48909		

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
EMS SECTION**

INSTRUCTIONS FOR PART 2 VEHICLE LICENSE

VEHICLE RENEWAL APPLICATIONS

When submitting an application for licensure renewal, include the pre-printed Part 2 (Life Support Vehicle Application, BHS/ EMS 181) for each vehicle. Please include an application for removed vehicles as well.

Be sure all sections of the application are completed.

When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, please draw a line through it and enter the correct information either above or next to the preprinted information.

Return all forms including correct invoice payment (if required) to the address indicated on the front of this application. (The invoice and invoice total is provided on the Part 1 Agency License Application, BHS/EMS-180)

Late fees will apply if the renewal packet is not received by the license renewal expiration date, INCLUDING Medical First Responder agencies.

NEW, REPLACEMENT, UPGRADE OR DOWNGRADE VEHICLE APPLICATIONS

- If you are removing, replacing, upgrading or downgrading a vehicle you must to complete a separate Part 2 for each vehicle.
- Ground transport vehicle applications shall include a Manufacturers Certificate of Compliance (form # BHS/EMS-314) upon submission.
- Applications for ground transport vehicles older than 2 years from the date of manufacture shall include a Safety Inspection Form # BHS-EMS-316 and an Ambulance Notarized Statement Form # BHS-EMS-318
- Required Fees are specified on the front of this application.
- There is no fee to remove a vehicle.

OTHER

Any vehicle not equipped or lettered at the time of the scheduled inspection will not be inspected and the agency may have to reapply and re-pay the license application fee.

Any application(s) received by the Michigan Department of Health & Human Services, and is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all applications and correspondence communicated to this office.

Note: A replacement vehicle means a life support agency has removed a vehicle from service and replaced that vehicle with another at the same license level.

Immediately advise the department of any changes that would alter the information contained on the licensure application.

* The Department of Health & Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political beliefs. If you need assistance with reading, writing or hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.