

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

EMS SECTION

PO BOX 30207 • LANSING, MICHIGAN 48909

(517) 241-3026

MANUFACTURER CERTIFICATE OF COMPLIANCE

(Authority: Act 368 of P.A. of 1978 as amended)

(See reverse side for requirements)

INSTRUCTIONS: The prescribed form is to be certified by the final manufacturer of the ambulance. This completed form MUST be submitted with your application for Life Support Vehicle License (BHS-EMS-0181). FAILURE TO DO SO WILL RESULT IN THE DENIAL OF YOUR APPLICATION.

I. AMBULANCE INFORMATION				II. MANUFACTURER'S INFORMATION		
YEAR	MAKE	STYLE	VIN	NAME OF MANUFACTURER COMPANY		
SOLD TO (Name of Life Support Agency)				STREET ADDRESS		
DATE SOLD		DATE DELIVERED		CITY	STATE	ZIP CODE
III. GROUND AMBULANCE REQUIREMENTS						
<p>Certification of a ground ambulance as it relates to structural requirements must comply with Part 8, rule 181:</p> <p>Sub rule (2) states a ground ambulance shall comply with the ambulance structural and mechanical specifications in compliance with the federal (KKK) standards, excluding the paint scheme, that were in effect at the time of manufacture and shall maintain test data demonstrating compliance.</p> <p>Sub rule (3) states a ground ambulance referred to in sub rule (2) of this rule shall not be modified to alter its original design upon which the certificate of compliance was based, unless a new certificate is issued verifying that the modifications have not altered the integrity of the vehicle.</p> <p>Sub rule (4) states that the patient compartment of a ground ambulance that has met applicable federal standards at the time of manufacture may be remounted on to a different chassis by a qualified vehicle modifier as designated by the chassis manufacturer. A new manufacturer's certificate of compliance shall be issued that identifies the new vehicle identification number and demonstrates compliance with the KKK standards in accordance with sub rule (2) of this rule.</p>						
IV. CERTIFICATION						
I certify the ambulance described herein meets all applicable requirements of Part 8 of the administrative rules pursuant to Part 209 of the P.A. of 1978, as amended.						
NAME OF PERSON CERTIFYING COMPLIANCE				Notary		
STREET ADDRESS				Subscribed and sworn to me this ____ day of _____		
CITY		STATE	ZIP CODE	Notary Public _____		
SIGNATURE OF PERSON CERTIFYING COMPLIANCE				State and County _____		
				DATE _____		
				Commission Expires on _____		

REQUIREMENTS:

A certificate of compliance from the final manufacturer is required for all ground ambulances, as mandated in the administrative rules promulgated pursuant to Part 209 of Act 368 of the Public Acts of 1978, as amended.

“Rule 181. subrule (1) states: “An ambulance operation shall maintain the manufacturer’s certificate of compliance on file at the time of application to the department for licensure of each ground ambulance. The certificate of compliance shall be executed by the final manufacturer of each ground ambulance.”