

Michigan Department of Health and Human Services
Bureau of EMS, Trauma and Preparedness
Division of EMS and Trauma
P.O. Box 30207
Lansing, MI 48909-0207
517-335-8150 (Phone)

<u>www.michigan.gov/ems</u>
Email Completed Form To: FloryD@Michigan.gov

## **Loaner Vehicle Application (New or Extended Loan)**

Life Support Agency Information of the ag	gency who i	s PROVIDING the loaner vehicle	
Life Support Agency Name:			
Facility ID Number:	Life Suppo	rt Agency License Level: ☐ MFR ☐ BLS ☐ LALS ☐	ALS
Current Address:		3 7	
City:	State:	Zip Code:	
Contact Person Name:	Phone:	Email:	
Estimated Time Frame for Loaned Vehicle			
New Loaner Vehicle: ☐ Yes ☐ N		Extend Loaner Vehicle: ☐ Yes ☐ No	
Loan Start Date:			
Note: Please notify the department in writing by email, fax, or mail when the vehicles have been returned.			
Vehicle Information			
Vehicle ID Number (VIN):	<u> </u>		
Make of Vehicle:	Year:	Current Plate Number:	
What level of life support will the vehicle be providi	ng? □ MFR I	☐ BLS ☐ LALS ☐ ALS ☐ Transport ☐ Non-Trans	sport
Life Support Agency Information of the ag	ency who i	RECEIVING the loaner vehicle	
Life Support Agency Name:			
Facility ID Number:	Life Suppo	rt Agency License Level: ☐ MFR ☐ BLS ☐ LALS ☐	ALS
Current Address:			
City:	State:	Zip Code:	
Contact Person Name	Phone:	Email:	
Information for Vehicle out for Maintenanc	е		
Vehicle ID Number			
Make of Vehicle	Year:	Current Plate Number:	
Date out of Service:			
Requirement for loaned vehicles			
R 325.22118, Rule 118 (2), (a-d) of the administrative rules for Life Support Agencies and Medical Control Authorities			
states: A life support vehicle license is nontransferable. A life support agency may temporarily use a state licensed life			
support vehicle of another licensed life support agency through a loan. Vehicle loans may occur if mechanical problems prevent an agency from deploying its existing vehicles. The life support agency acquiring the vehicle shall do all of the			
following:			
(a) Notify the department of the loan within 3 business days on a form prescribed by the department			
(b) Replace an existing vehicle with the loaned vehicle at the agency. The loaned vehicle shall not increase the total number of vehicles the agency is licensed to use			
(c) Use the loan for a maximum of 60 calendar days			
(d) Extend the loan 1 time for 60 additional days if the agency notifies the department on a form prescribed by the			
department.			
Signature of Agency applying for the loaner vehicle			
My signature verifies compliance with the above mentioned administrative rule R 325.222118, Rule 118 (2), (a-d), and this			
vehicle will be equipped with the minimum required equipment for the level of care being provided. The local medical			
control authority(s) under which we operate have been made aware of the loaner vehicle exchange.			
Printed name of authorized agency representative:			
Signature of authorized agency representative:		Date:	