



APPLICATION FOR AIR AMBULANCE CERTIFICATION

State Form 53300 (6-07)

INDIANA DEPARTMENT OF HOMELAND SECURITY

OFFICE USE ONLY

Certification number

Inspected

Certificate issued

Insurance expires

PROVIDER INFORMATION

Name of provider	Provider number
Name of owner, if different from provider	Telephone number ()
Address (number and street, city, state, and ZIP code)	

AIRCRAFT INFORMATION

Year of aircraft	Make of aircraft	Serial number of aircraft	Tail number of aircraft
Was this vehicle previously certified by the EMS Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous certification number?	

INFORMATION ON VEHICLE BEING REPLACED

Certification number of aircraft	Serial number of aircraft	Tail number of aircraft
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ATTACHMENTS

Attach the following:

1. Proof of insurance
2. Standard airworthiness certificate
3. 14 CFR 135 D85, aircraft listing

SIGNATURE

Misrepresentation of the following contained herein, failure to comply and maintain compliance, and / or violation of any requirements may be cause for suspension or revocation of a certificate issued by the Indiana EMS Commission. All Statements contained in this application are true to the best of my knowledge.

Signature of person completing application	Date signed (month, day, year)
Title of applicant	

DISTRIBUTION: White - IDHS file; Canary - District manager; Pink - Provider