



APPLICATION FOR VEHICLE CERTIFICATION

State Form 551 (R8 / 1-14)



INSTRUCTIONS:

1. Please type or print clearly all information. Incomplete forms will be returned to applicant.
2. Submit to emscertifications@dhs.in.gov or mail to IDHS, EMS Certifications, 302 W. Washington Street, Room E239, Indianapolis, IN 46204.
3. Please allow two (2) to four (4) weeks processing for initial and replacement vehicle applications. Replacement vehicles require applications submitted thirty (30) days prior to expiration.

PROVIDER INFORMATION			
Name of provider		Provider certification number	
Name of owner, if different from provider		Provider expiration date (month, day, year)	
Address (number and street, city, state, and ZIP code)			District number
Telephone number ()	E-mail address		

VEHICLE INFORMATION			
Year	Color	Make	Model
Vehicle identification number (VIN)		Mileage	License plate number
Conversion company (or model if non-transport)		Type of vehicle <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Non-transport ALS	
Type of fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel		Status of vehicle <input type="checkbox"/> New <input type="checkbox"/> Used	
Was this vehicle previously certified by the EMS Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous certification number	Is this a reclassified vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF VEHICLE
Details of vehicle (Indicate color scheme, including insignia or other distinguishing characteristics.)

INFORMATION ON VEHICLE BEING REPLACED	
Certification number	Vehicle identification number (VIN)

SIGNATURE	
Misrepresentation of the following contained herein and/or failure to comply and maintain compliance with requirements may be cause for suspension or revocation of a certificate issued by the Indiana Emergency Medical Services (EMS) Commission. All statements contained in this application are true to the best of my knowledge.	
Signature of applicant	Date signed (month, day, year)
Printed name of applicant	
Title of applicant	