

EMS Vehicle Application Instructions

1. Please complete an EMS Vehicle Application.
2. Fax or e-mail the application along with a copy of the vehicle registration and a copy of a certified weight slip to your area EMS Program Representative.
3. Allow three (3) business days to receive Temporary EMS Vehicle Permit.

Please Note The Following:

- All vehicles must be fully stocked with EMS and communications equipment and appropriately marked before making a request for EMS vehicle permit.
- Vehicles found not in compliance with Virginia Emergency Medical Services Regulations may result in loss of privilege to acquire any future temporary permits. In addition, enforcement actions may be taken.
- All sections of the application must be completed and legible.
- GVWR (Gross Vehicle Weight Rating) must be listed on the application. The GVWR is typically found printed by the manufacturer on the door side panel on the driver's side or attached to the inside of compartment door. Please note the GVWR requested is the one from the manufacturer and not the one listed on the vehicle registration issued by DMV.
- Certified Weight must be listed on the application. The Certified Weight is the weight of a vehicle with a full fuel load and stocked with all required equipment that is weighed on a certified scale.
- Copy of a weight slip showing the Certified Weight must be attached to the EMS Vehicle Application.
- The GVWR and Certified Weight are required for all applications regardless of vehicle class.
- A copy of the vehicle registration must be attached to the EMS Vehicle Application.
- Incomplete applications will not be processed!

Please send your EMS Vehicle Application to your area Program Representative

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APPLICATION FOR EMS VEHICLE PERMIT

Office of Emergency Medical Services
1041 Technology Park Drive / Glen Allen, VA 23059
Telephone: 1-800-523-6019 (VA Only) or 1-804-888-9100
FAX: (804) 371-3108 / www.vdh.virginia.gov/oems



Agency Name: _____ Agency No: _____ County: _____

Address: _____ Phone No: (_____) _____

_____ Fax No: (_____) _____

Vehicle Owner: _____ GVWR: _____ Cert. Wt.: _____

E-mail Address (for e-mailed permit): _____

Preferred method to receive Temporary Permit: [] FAX [] E-MAIL

Application will not be processed without a certified vehicle weight slip and copy of vehicle registration as provided by DMV. (See § 12 VAC 5-31-700.3)

Weight Slip Attached [] Copy of Vehicle Registration Attached [] VIN: _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

DMV Tag Number: _____ Mileage: _____ 4x4 []Yes []No Unit #: _____

Location where vehicle is to be stationed: _____

(Provide station number & street address)

Vehicle Classification

[] Non-transport Response Vehicle [] Ground Ambulance [] Air Ambulance [] Neonatal

Is vehicle currently permitted to another Virginia EMS Agency? [] Yes [] No

If yes, Agency Name: _____ Unit #: _____

If you have a vehicle to be removed from service, please complete this section.

Unit #: _____ VIN #: _____ DMV Tag #: _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

(Print Your Name)

(Your Title)

(Date)

I, _____, an authorized agent of _____

(Signature)

(Name of Agency)

attest that the organization/agency and vehicles are in compliance with all EMS and other applicable regulations. The organization/agency and I understand that failure to maintain compliance with all applicable regulations may result in regulatory action against myself &/or the agency.

Please allow three (3) business days to process.