



VEHICLE PERMIT APPLICATION

MARIN COUNTY EMS AGENCY
 899 Northgate Drive #104, San Rafael, CA 94903
 ph. 415-473-6871 fax 415-473-3747
 www.MarinEMS.org

Please attach the following and submit with application:

- Fee of \$275.00 payable to County of Marin
- Copy of current CHP vehicle license and Ambulance Inspection Report
- Copy of current DMV vehicle registration
- Copy of current vehicle insurance
- Additional information as required and listed in the ambulance ordinance

| | | | | | | | | |
|--|--|---------------------------|------------|------------------|--|----------------|-----|--|
| Last Name | | | First Name | | | Middle Initial | | |
| Residence Address | | | | Business Address | | | | |
| City | | State | Zip | City | | State | Zip | |
| Business Name | | | | | | | | |
| Address of vehicle's usual location or base | | | | | | | | |
| Year | | Make | | | Model | | | |
| Company Unit ID # | | VIN | | | License # | | | |
| Max Pt Capacity | | Length of time in service | | | Max level of service <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> CCT | | | |
| <p>I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to a vehicle permit in Marin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this agency to contact any person or agency for information related to my application for this permit. I agree to comply with all laws and regulations applicable to the permit for which I am applying, and I understand that violation of any law or regulation adopted by the County of Marin pursuant thereto may result in the filing of an action against this permit such as a fine, suspension, or revocation.</p> <p>Signature of Applicant: _____ Date: _____</p> | | | | | | | | |

| Office Use Only | |
|---|--|
| <input type="checkbox"/> CHP vehicle license <input type="checkbox"/> CHP vehicle Inspection Report <input type="checkbox"/> DMV vehicle registration <input type="checkbox"/> Vehicle insurance | <input type="checkbox"/> Fees paid. Receipt # _____ <input type="checkbox"/> Approved Date _____ Initials _____ <input type="checkbox"/> Issued Date _____ Initials _____ # : _____ |