



VEHICLE PERMIT APPLICATION

MARIN COUNTY EMS AGENCY
 1600 Los Gamos Dr. #220, 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 _____ # :