



**EMERGENCY MEDICAL SERVICES  
EMS PROVIDER VEHICLE FORM  
Revised 09/07/2017**

Name of Legal Entity: _____					License #: _____	
Legal Entity Assumed Name: _____						
Unit #	Vehicle Identification Number	Type (I, II, III)	License Tag Number	Make (Ford, Chevy)	Year of chassis manufacture	*Category (BLS/MICU)
* BLS, BLS/A, BLS/M, ALS, ALS/M, MICU, MICU Air – RW or FW, SPEC (Specialized) Specialty Vehicles Require Additional Documentation – Consult DSHS before submitting See EMS Provider Notification and Change form for additional requirements when adding or changing vehicles. Website: <a href="http://www.dshs.texas.gov/emstraumasystems/provfro.shtm">http://www.dshs.texas.gov/emstraumasystems/provfro.shtm</a>						

On behalf of the above named legal entity, I hereby affirm and declare I am authorized to make this Emergency Medical Services Provider application and/or declaration and all information submitted on this form and any supplemental documents are true and correct. I attest and understand the legal entity and I am accountable and responsible for the accuracy of all answers and statements on this form. I attest the legal entity listed on this form meets all requirements for the type of license requested. Further, I understand it is a Class A misdemeanor violation of Texas Penal Code Sec. 37.10 to submit a false statement to a governmental agency. I have read and understand Health and Safety Code Chapter 773 and Texas Administrative Code Title 25, Chapter 157, and agree to adhere to those statutes rules, and all other applicable statutes and rules.

See Continuation Sheet

_____ Signature of Administrator of Record	
_____ Printed Name of Administrator of Record	_____ Date

**PRIVACY NOTIFICATION:** With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)

# EMS Provider Vehicle Form – Continuation Sheet

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