



BUREAU OF EMERGENCY MEDICAL SERVICES

Temporary Replacement Vehicle Form

An EMS agency may operate a temporary replacement EMS vehicle without securing prior approval from the Department. It shall submit a temporary replacement vehicle form to the regional EMS council through which its license application was processed, by facsimile, e-mail, or regular mail before putting the EMS vehicle in service. In the form, the EMS agency shall attest to the fact that the EMS vehicle satisfies the requirements for that type of EMS vehicle that are imposed by regulation and notices published in the *Pennsylvania Bulletin*.

Upon submitting a temporary replacement vehicle form, the EMS agency may continue to operate the temporary replacement EMS vehicle unless its authority to do so is disapproved by the inspector following an inspection of the EMS vehicle.

Upon receiving a temporary replacement vehicle form, the regional EMS council shall issue a temporary certificate which authorizes the EMS agency to operate the temporary replacement EMS vehicle for seven (7) days based upon its attestation that the vehicle satisfies all requirements.

A temporary vehicle not currently licensed with an EMS agency that is to be utilized for more than seven (7) days must be inspected by the regional EMS council. Upon successful inspection, a new temporary certificate will be issued.

A temporary vehicle is a vehicle **NOT** owned by the EMS agency that is utilizing it.

1. Name of EMS Agency: _____

2. Administrative Headquarters:

(Street, Road) **Note:** P.O. Box not acceptable

(City)

(State)

(Zip Code)

3. Affiliate #: _____ 4. License #: _____

5. Regional EMS Council*: _____

** This is the regional EMS council where the agency's license was processed*

6. EMS Vehicle Being Temporarily Replaced:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA #: _____

9. Temporary EMS Vehicle Information:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate or FAA#: _____

DOH Decal #: _____ (If borrowed from another EMS Agency)

Anticipated Length of Use: _____

10. EMS Agency Contact:

(Printed Name)_____
(Email Address)_____
(Phone Number with Area Code)_____
EMS Agency Representative's Signature*By signing this form, I am attesting to the fact that the EMS vehicle satisfies the requirements for that type of EMS vehicle that are imposed by regulation and notices published in the Pennsylvania Bulletin***THIS FORM MUST BE SUBMITTED TO THE REGIONAL EMS COUNCIL RESPONSIBLE FOR PROCESSING THE AGENCY'S LICENSE.****REGIONAL EMS COUNCIL USE ONLY:**

Date Received	
Date Vehicle Inspected (if applicable)	
Date Documentation made in Secure notes	