



**Center for Emergency Medical Services**  
 3 Capitol Hill, Room 105, Providence, RI 02908-5097  
 (401) 222-2401

***Application To License an Ambulance or Rescue Vehicle***

**(NOTE: New vehicle licenses will not be issued during the EMS Service renewal period. The service must renew their license before a new vehicle can be issued.)**

**Name of Service:**

**Vehicle Classification:**

**Primary**

**Reserve**

- A-1C (Advanced Life Support transporting ambulance)**
- A-1P (Advanced Life Support transporting ambulance, paramedic level )**
- A-2C (Advanced Life Support non-transporting ambulance)**
- A-2P (Advanced Life Support non-transporting ambulance, paramedic level)**
- A-2A (Advanced Life Support non-transporting ambulance, advanced EMT level)**
- B-1 (Basic Life Support transporting ambulance)**
- B-2 (Basic Life Support non-transporting ambulance)**
- C (Advanced Life Support - Air Medical Services)**

**Vehicle Information:**

Vehicle Identification Number (VIN)

Vehicle Name/Call Sign (i.e., Rescue 2, Engine 14, Squad 1)

Vehicle Make

Vehicle Model

Vehicle Model Year

Vehicle Color

Vehicle Registration Plate

Vehicle Registration State

Vehicle Patient Capacity

**Vehicle Fee Information:**

**Please select appropriate fees paid**

Required fees must accompany the application.

Make cashier's check or money order payable to "General Treasurer, State of RI".

**Fees are Non-Refundable**

- Vehicle License Fee . . . . . \$ 250.00 per application**
- Vehicle Inspection Fee . . . . . \$ 170.00 per inspection**

**Total Enclosed . . . . . \$ \_\_\_\_\_ .00**

**OR declare exemption as applicable to the service.**

**This vehicle is exempt from application/inspection fees**

**Affidavit of Application:**

The information provided above is correct. I hereby make application for licensure of this vehicle.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For Office Use Only**

**EMV#** \_\_\_\_\_

**License ID#** \_\_\_\_\_

Fees Received and Paid

Date Received: \_\_\_\_\_

Inspection Completed  Approved  Denied

Date Inspected: \_\_\_\_\_

By: \_\_\_\_\_

Issue Date: \_\_\_\_\_