



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

**Mailing Address:** NHFSTEMS • 33 Hazen Drive • Concord, NH 03305  
**Physical Address:** 98 Smokey Bear Boulevard • Concord, NH 03301  
**Phones:** Toll Free: (800) 371-4503 Local: (603) 223-4200  
**Fax:** (603) 271-4567 **Email:** [emslicensing@dos.nh.gov](mailto:emslicensing@dos.nh.gov)

### New Hampshire Bureau of EMS Transporting Vehicle Application

<b>Type of Application:</b> <b>NEW</b>		<b>RENEWAL</b>	
<b>Level of Vehicle Licensure:</b> <b>BASIC</b>		<b>INTERMEDIATE</b>	
		<b>PARAMEDIC</b>	
<b>Section 1: UNIT INFORMATION</b>			
Legal Name of Unit:			License:
Business Address: – <b>PHYSICAL</b>	Street:		
	Town/City:	State:	Zip:
Business Address: – <b>MAILING</b>	Street:		
	Town/City:	State:	Zip:
Unit Phone Number:		Unit Fax Number:	
Unit Email:			
Contact Person:		Email:	
Primary Phone:		Secondary Phone:	
<b>Section 2: VEHICLE INFORMATION</b>			
Make of Vehicle:	Year:	Vehicle Call ID: (Ex: 28 A1)	
Vehicle VIN #:	Vehicle Plate #:		
Vehicle Location /Address (primary):			
Type of Ownership: (choose one from drop-down box)			
⇒ <b>Note: Current copies of the vehicle registration and vehicle insurance are required.</b>			
<b>Section 3: PAYMENT</b>			
⇒ <b>Note: Pursuant to RSA 153-A:15, there shall be no licensing fee charged to non-profit, volunteer EMS units or municipalities.</b>			
Vehicle License Fee: \$20.00		ENCLOSED	NOT REQUIRED
Please make check or money order payable to the "State of NH".			
⇒ <b>Note: Page 2 must be signed in both the Acknowledgement and Notice sections and must be sent in with application.</b>			

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## Division of Fire Standards and Training

### & Emergency Medical Services

<b>Unit Name:</b>	<b>Vehicle Call ID #:</b>	<b>EMS Transporting Vehicle Application Page 2</b>
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#### Section 4: ACKNOWLEDGEMENT

1. I certify that the equipment and supplies required by Saf-C 5904.08 are now on board this vehicle and will remain there in working condition while the vehicle license is in effect. I understand that failure to adequately maintain the necessary equipment and supplies could result in revocation of the vehicle license.

Date: \_\_\_\_\_ Head of Unit or Alternate Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

2. I, the undersigned, attest that I am duly authorized to complete and sign this application; that I have read this application in its entirety; and that the information contained herein is accurate and true. Signed under the pains and penalties of perjury on :

Date: \_\_\_\_\_ Head of Unit or Alternate Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

#### Section 5: NOTICE

##### NOTICE TO ALL APPLICANTS

Authority: NH RSA 153-A:10 & Administrative Rules Saf-C 5904

1. All EMS vehicles utilized for emergency or non-emergency transport of ambulatory or incapacitated patients shall be duly licensed with the Bureau.
2. Housing requirements for all licensed ambulance vehicles will be adhered to. For EMS vehicles taken out-of-service for extended periods of time (i.e., seasonal use), the unit shall notify the Bureau of EMS, in writing, of the planned action. Said EMS vehicle(s) will be subject to re-inspection prior to being placed back in service.
3. All EMS vehicles will be inspected by Bureau-approved personnel, utilizing the minimum equipment standards as published by the Bureau. <http://www.nh.gov/safety/divisions/fstems/ems/documents/equiplist.pdf>
4. **During patient transport**, per Saf-C 5902.07, the **staffing level in each vehicle** shall, at a minimum, include two (2) licensed providers (apprentice-level excluded), one of whom will be licensed at an EMT level or higher, **and is responsible for patient care.**
5. Vehicle maintenance and medical equipment shall be kept in working order as part of the licensing process.

Mail completed application **\*\*** with legible copies of required documentation to:

**NHFSTEMS**  
**Attention: EMS Licensing Coordinator**  
**33 Hazen Drive · Concord, NH 03305**

**\*\* NO faxes will be accepted.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 6: CHECK LIST

Completed application form with appropriate signatures in place
Current copy of the vehicle registration
Current copy of the vehicle insurance policy
Payment (if applicable)