



New Hampshire Department of Safety

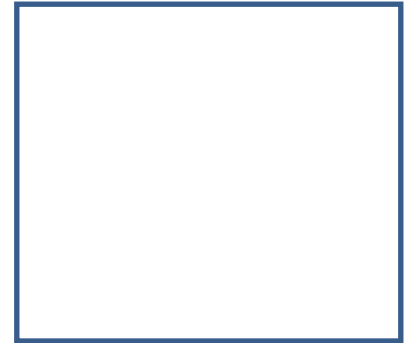
Division of Fire Standards and Training & Emergency Medical Services

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



New Hampshire Bureau of EMS NH WHEELCHAIR VAN FOR HIRE VAN LICENSE APPLICATION



Type of Application: <input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL	
Section 1: COMPANY INFORMATION			
Company License # (if renewal application):		Van # (Local ID):	
Legal Name of Company:			
Business Address: – PHYSICAL	Street:	Town/City:	State: Zip:
Business Address: – MAILING	Street:	Town/City:	State: Zip:
Head of Company:		Title:	
Business Phone Number:		Fax Number:	
Email:			
Alternate Contact:		Day Phone:	
Primary Phone:		Secondary Phone:	
Section 2: VAN INFORMATION			
Make of Vehicle:		Year:	Vehicle Call ID: (Ex: WC 3)
Vehicle Vin #:		Vehicle Plate #:	
Vehicle Location/Address (primary):			
Type of Ownership: (choose one from drop-down box)			
⇒ Note: Current copies of the van registration and van insurance are required.			
Section 3: PAYMENT			
⇒ Note: Pursuant to RSA 153-A:15, there shall be no licensing fee charged to non-profit, volunteer EMS units or Municipalities.			
Van License Fee:	\$20.00	ENCLOSED	NOT REQUIRED
Please make check or money order payable to the "State of NH".			
⇒ Note: Section 4: ACKNOWLEDGEMENT (on Page 2) must be signed (two signatures) and submitted with Page 1 of the application.			

Company Name:	Van Call ID #:	Wheelchair Van Company Application Page 2
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Section 4: ACKNOWLEDGEMENT

1. I certify that the equipment and supplies required by Saf-C 5919.19 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 required equipment and supplies could result in license denial, suspension or revocation.

Date:	Owner of Company or Alternate Signature:	Printed Name:
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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:	Owner of Company or Alternate Signature:	Printed Name:
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Section 5: NOTICE

NOTICE TO ALL APPLICANTS

Authority: NH RSA 153-A:10 & Administrative Rules Saf-C 5919

- All Wheelchair Vans for Hire utilized for non-emergent transportation of medically stable ambulatory individuals, or individuals in a wheelchair, stretcher, or wheeled gurney must be duly licensed with the NH Bureau of EMS.
- 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/wheelinspection.pdf>
- During patient transport**, per Saf-C 5919.25, the **staffing level in each vehicle** shall, at a minimum, include one (1) person, or two (2) if ambulette stretcher is utilized, who has been trained and has documentation of passenger assistance training and two-way communication procedures pursuant to Saf-C 5919.02(c)(3).
- The required Wheelchair Van equipment and supplies (Saf-C 5919.19) shall be kept in working order and free from unsanitary conditions 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.**

Section 6: CHECKLIST

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