APPLICATION FOR VEHICLE CERTIFICATION

State Form 551 (R3/3-94)

OFFICE USE ONLY
Certification number
Inspected
Certificate issued
Insurance expires

PROVIDER INFORMATION

Name of Provider	Provider number
Name of Owner if different from provider	Telephone number ( )
Address *(Number, street, city, state, Zip code)*	

VEHICLE INFORMATION

Year	Make	VIN

☐ Type I ☐ Type II ☐ Type III ☐ Non Transport

☐ Gasoline ☐ Diesel ☐ New ☐ Used

Was this vehicle previously certified by the EMS Commission? ☐ Yes ☐ No	Previous certification number?

COLOR SCHEME

Are you requesting a variance of the rule requiring Orange & White color scheme?

Indicate color scheme including insignia, or other distinguishing characteristics

REPLACED VEHICLE INFORMATION

Certification number	VIN

Is this a rechassied vehicle?

☐ Yes ☐ No

SIGNATURE

Misrepresentation of the following contained herein, failure to comply and maintain compliance with, and / or requirements may be cause for suspension or revocation of a certificate issued by the Indiana EMS Commission. All Statements contained in this application are true to the best of my knowledge.

Signature of person constructing application

Title of applicant	Date signed

DISTRIBUTION: White - Central Office; Canary - District Office; Pink - Provider