



Division of EMS and Trauma
Vehicle Permit Return Form

I. Service Information:

Service Name _____ License Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

(_____) _____ - _____ (_____) _____ - _____
Business Phone Number Fax Number

II. Vehicle Information:

Vehicle Identification Number or FAA Tail Number _____ Model Year _____

License Tag _____ Model Make _____

Vehicle Type Truck Modular-KKK Van-KKK Van Modular-KKK MCI Bus
 Non-Transporting Unit Rotor Wing Fixed Wing Other: _____

III. Reason For Return: Check all that apply

MVA Out of Service: Mechanical Failure Sold Unit
 Windshield Replaced (attach invoice) Other: _____

IV. Original Permit:

Request Reissue:

- Yes
- No

Attach Permit

I understand that No official entry made upon a permit may be defaced, altered, removed or obliterated. (R61-7 §501.C)
Permits must be returned to the Department when the ambulance or chassis is sold or removed from ambulance service.
(R61-7 §501.E)

Signature of EMS Director _____ Date _____

Official Use Only: Unit OOS from CIS Permit Reissued Comments: _____
Inspector: _____ / ____ / ____