



APPLICATION FOR EMS AIR AMBULANCE PERMIT

Office of Emergency Medical Services
1041 Technology Park Drive / Glen Allen, VA 23059
Telephone: 1-800-523-6019 (VA Only) or 1-804-888-9100

Submit this form electronically to your EMS Program Representative
Every effort is made to approve the same day; however, please allow up to 3 business days for processing.

EMS Agency Name: Agency No: County:

Address: Phone No: ()

Fax No: ()

Aircraft Owner:

Email Address for Permit:

Year: Make: Model:

Rotary Wing: Yes No

Fixed Wing: Yes No

FCC Identifier: Color of Aircraft:

Tail Number (if different):

Total Hours on Aircraft at time of this request:

Location of Aircraft for inspection (complete address):

Are you taking another Aircraft out of service? Yes No

If so, please provide the following: Year: FCC Identifier:

Attestation:

Print Your Name

Print Your Title

Date

I, Signature, an authorized agent of Print Name of Agency

attest that the organization/agency and aircraft are in compliance with all EMS and other applicable regulations. The organization/agency and I understand that failure to maintain compliance with all applicable regulations may result in regulatory action against myself &/or the agency.

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