Massachusetts Department of Public Health  
Office of Emergency Medical Services  
Part E: Vehicle Certification

Please fill out a separate form for each headquarters, each garage location or place of business where you maintain ambulances. (Make as many copies of this form as needed).

<table>
<thead>
<tr>
<th>1) Service Number</th>
<th>2) Service Expiration Date</th>
<th>3) Is this vehicle a(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_____Addition     _____Replacement     _____Renewal</td>
</tr>
</tbody>
</table>

4) SERVICE INFORMATION

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Service Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service City</th>
<th>Service State</th>
<th>Service Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone Number</th>
<th>Business Fax Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(</td>
<td>(</td>
<td></td>
</tr>
</tbody>
</table>

Vehicle Location Address (if not Garaged at Service Address)

<table>
<thead>
<tr>
<th>Vehicle Location City</th>
<th>Vehicle Location State</th>
<th>Vehicle Location Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Has this vehicle been previously certified to another service in Massachusetts?  [YES] [NO]

6) Vehicle Identification Number

7) License Plate Number ___________________________  Vehicle Garaged at ___________________________

8) Vehicle Unit ID unique to your serviced ___________________________  Replacement for Vehicle # ___________________________

9) Chassis Make (Manufacturer)  Model  Year

10) Has this chassis been replaced?  [YES] [NO]

11) Ambulance Manufacturer  Model  Year

12) Current total mileage ___________________________

13) Class for which Ambulance is to be certified:  (check one class and one type)

<table>
<thead>
<tr>
<th>Class I</th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
<th>Class IV</th>
<th>Fixed Wing</th>
<th>Class V</th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
<th>Class III</th>
<th>Fixed Wing</th>
<th>Class V</th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
<th>Class III</th>
<th>Fixed Wing</th>
<th>Class V</th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
<th>Class III</th>
<th>Fixed Wing</th>
<th>Class V</th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
<th>Class III</th>
</tr>
</thead>
</table>

14A) Have waivers been issued for this?  [YES] [NO]
   If yes, please detail.  Add extra sheets if necessary: _____________________________________________________________

14B) This vehicle conforms to all applicable standards?  [YES] [NO]

15) Has this vehicle been involved in a reportable accident since last inspection?  [YES] [NO]
   If yes, has the report(s) been filed with OEMS?  If no, please attach report(s)  [YES] [NO]

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OEMS Form 500-1 (5/10)
Weight Verification Form
To be completed with adding or replacing a new vehicle certification

NOTE: WEIGHT VERIFICATION IS REQUIRED ONLY FOR REPLACEMENT AND ADDITIONAL AMBULANCES. When requesting certification for multiple vehicles that have the same year of manufacture, design and construction specifications, a service need only take weight verification information on one sample vehicle from the group once during the chassis-manufacturing year and copy that information onto Part E, number 18 for the other identical vehicles in the group. For example, if a service is to purchase two or more identical ambulances manufactured in 2014, verify weight of one and put that information onto Part E, number 18 for other identical 2014 vehicles. Please do not complete this part for vehicles previously certified under your license.

Complete the following checklist to verify the weight of stocked ambulance:

1. Stock ambulance with required medical and vehicle equipment and supplies. (   )
2. Stock ambulance with optional medical and vehicle equipment and supplies. (   )
3. Count the number of seats that include seat belts and the cot. # of seats & Cot _________ (   )
4. Stock ambulance as an in-service vehicle, with standard equipment required by the service for day-to-day operations. (   )
5. Fill fuel tank(s) to full level. (   )
6. Weigh stocked ambulance empty of personnel. (   )
7. Record weight of ambulance Wt =__________________ (   )
8. Record gross vehicle weight (GVWR). GVW R=__________________________ (   )
9. Attach vehicle weight bill to this form. (   )

Note: If an ambulance is found to exceed its identified GVW rating, the service must take measures to reduce the weight in order to conform to the vehicle’s posted GVW rating. Certification of an ambulance will be contingent on the licensee’s ability to demonstrate compliance with the ambulance’s GVWR.

Authorized Signature ___________________________________________ Date _______________
Print Name ___________________________________________ Title __________________

FEE INFORMATION:
The fee for certification is $200.00 per vehicle. Make check(s) payable to the Commonwealth of Massachusetts.

Return completed Part E Form, Vehicle Weight Bill, and Certification Fee to:
Office of Emergency Medical Services
99 Chauncy Street, 11th Floor
Boston, MA 02111-1703

OEMS use only

<table>
<thead>
<tr>
<th>Fee Received</th>
<th>Amount</th>
<th>Certificate Number</th>
<th>Temp Certificate issued:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wt____________ + # of Seats &amp;Cot = _______</td>
<td>X 175lbs</td>
<td>Wt Exceeds GVW</td>
<td>Yes_______ No_______</td>
</tr>
</tbody>
</table>

OEMS Review by__________________________________________
Date____________________________________________________