MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

The Commonwealth of Massachusetts

Bureau of Healthcare Safety and Quality Office of Emergency Medical Services Ambulance Regulation Program

67 Forest Street, Marlborough, MA 01752

KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD

Commissioner

**Tel: 617-624-6000**

[**www.mass.gov/dph**](http://www.mass.gov/dph)

**Ambulance Regulation Program Mail Fee Submission Form**

**Fee Summary (105 CMR 170.215):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Fee** | **Unit** |
| Ambulance service licensure – BLS | $400 | per license |
| Ambulance service licensure – ALS | $600 | per license |
| Ambulance service licensure – Critical Care | $750 | per license |
| EFR service – EMS first response level only | $100 | per license |
| EFR service – BLS | $150 | per license |
| EFR service – ALS | $200 | per license |
| Ambulance vehicle certification of inspection | $200 | each certificate of approval |
| EFR-ALS vehicle certification of inspection | $50 | each certificate of approval |

**Application Number: Date application started:**

**Amount Due on Application: $ Amount Enclosed: $**

**Name of Applicant Organization:**

**Organization Mailing Address:**

**City: State: Zip Code:**

**Contact Name:**

**Phone Number:**

**Email:**

Please submit a check or money order made out to “**COMMONWEALTH OF MASSACHUSETTS**” with this completed form to:

Massachusetts Department of Public Health Office of Emergency Medical Services

67 Forest Street

Marlborough, MA 01752

Fees are non-refundable.

Questions regarding Ambulance Regulation Program applications or program fees can be directed to the ARP Coordinator at oems.ambulance@mass.gov.