The Commonwealth of Massachusetts
Bureau of Healthcare Safety and Quality
Office of Emergency Medical Services
Ambulance Regulation Program
67 Forest Street, Marlborough, MA 01752

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.