

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

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 <u>oems.ambulance@mass.gov</u>.