**Multi-Service Vehicle Use Disclosure Form**

If a licensed Ambulance/EFR Service wishes to use a certified Ambulance/EFR vehicle from another service for a temporary amount of time, both the service providing and the service receiving the vehicle must complete this disclosure form.

A representative from either service may submit the form to [oems.ambulance@mass.gov](mailto:oems.ambulance@mass.gov).

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| **SERVICE PROVIDING THE VEHICLE** | | |
| Service Name: | Service License Number: | |
| Service Address: | | |
| Service City: | State: | Zip: |
| Business Phone Number: | | |
| Vehicle Identification Number: | License Plate Number: | Vehicle Unit ID: |
| Is this vehicle currently a certified ambulance/EFR in Massachusetts?: | Estimated duration the vehicle will be used by the service below (days): | |
| **SERVICE RECEIVING THE VEHICLE** | | |
| Service Name: | Service License Number: | |
| Service Address: | | |
| Service City: | State: | Zip: |
| Business Phone Number | | |
| Vehicle Location Address (**if not garaged at receiving Service Address, above**): | | |
| Vehicle Location City: | Vehicle Location State: | Vehicle Location Zip: |
| Please provide a brief explanation as to why you require to borrow this vehicle: | | |