



Commonwealth of Massachusetts
Department of Public Health
Office of Emergency Medical Service
67 Forest Street, Marlborough, MA 01752



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.

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 <u>not</u> 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:		