



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
STRETCHER VAN APPLICATION

FOR DHSS OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE			
<input type="checkbox"/> INITIAL LICENSURE	STRETCHER VAN LIC. #	□□□□□□	DATE PASSED INSPECTION
<input type="checkbox"/> RELICENSURE	DATE APPLICATION RECEIVED	□□□□□□	□□□□□□
INSPECTOR ASSIGNED	DATE INSPECTOR ASSIGNED	□□□□□□	DATE LICENSED
_____	DATE OF FIRST INSPECTION	□□□□□□	EXPIRATION DATE
			□□□□□□

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

1. TRADE NAME OF STRETCHER VAN SERVICE <i>(Name on vehicle)</i>			NUMBER OF VEHICLES
LOCATION OF VEHICLES <i>(STREET, ROUTE, CITY, STATE, ZIP)</i>			
2. OPERATOR OF STRETCHER VAN SERVICE			
NAME OF OPERATOR		NAME OF MANAGER (LAST, FIRST, MI)	TELEPHONE NUMBER-BUSINESS ()
OPERATOR MAILING ADDRESS <i>(STREET, ROUTE, ETC.)</i>			TELEPHONE NUMBER-EMERGENCY CONTACT ()
CITY	STATE	ZIP CODE	E-MAIL
			FAX NUMBER ()
3. STRETCHER VAN SERVICE LICENSEE			
NAME OF CORPORATION		NAME OF CEO	TELEPHONE NUMBER-BUSINESS ()
BUSINESS MAILING ADDRESS <i>(STREET, ROUTE, ETC.)</i>			TELEPHONE NUMBER-EMERGENCY CONTACT ()
CITY	STATE	ZIP CODE	E-MAIL
			FAX NUMBER ()
I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named Stretcher Van Service has both the intention and the ability to comply with the regulations promulgated under Chapter 190, RSMo.			
I have attached all Stretcher Van Service licensure and related administrative licensure actions taken against this stretcher van service or owner by any state agency in any state.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF STRETCHER VAN SERVICE LICENSEE			DATE

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. §575.060.RSMo

Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102