EMS Agency Name:	
- ,	

SERVICE VEHICLE LIST (CONTINUED)

• Please list ALL vehicles used for EMS response in your EMS service, including any needing replacement already listed above. Failure to complete this portion will disqualify your application.

Vehicle Unit Number	Garage Address	Vehicle Make/Model	Year	Туре	License Number	2 or 4 wheel dr.	Patient Capacity	Mileage