

Affirmation of compliance for New Vehicles or Agency Recertification

Please note that a Notary Public MUST complete section at bottom of page.

Check one Ambulance Service ALS First Response Service

Current Operating Certificate Expiration Date

/ /

Name of Service

NYS EMS Agency Code

Address

City

State

Zip

Contact Person

E-mail

Work Phone Number

Additional Phone Number

By completing and signing this affirmation, I certify that the vehicles listed are in compliance with all requirements of the State EMS Code, Part 800.

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor vehicle (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health law any deficiencies that result in violations being issued are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate.

Name

Title

Signature

Date

/ /

Note: Notary Public Must Complete

Affirmation and Acknowledgement

FOR OFFICE USE ONLY

_____ # of stickers sent

to _____

Date / /

Rep _____

