Broward County

CONSUMER PROTECTION DIVISION

APPLICATIONS FOR VEHICLE PERMIT(S)

7/8/2026

EMS Provider: _____

Business Address: _____

Telephone Number: _____ City: _____ State: _____ Zip Code: _____

	Permit Type (Check All That Apply)							Vehicle Data				
	New	Current	Remove	State Permit#	ALS Non-Transport	ALS Transport	BLS Transport	Year	Make	Model	License Plate	Last 6#s of V.I.N.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Fees can be paid in-person with cash, check, credit card, or money order. Applications that are mailed in or dropped off must not include payment. An invoice will be emailed in order for the applicant to pay the required fees when the application is processed. Emailed applications will not be processed and will be discarded.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 3½, B.C.C., Chapter 401, F.S., and Rule 64J-1, F.A.C., are present and in working order on the above describe vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuosly maintained and the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapter 3½, B.C.C., Chapter 395 and 401, F.S., and Chapter 64J-1 F.A.C.

SIGNATURE _____ TITLE _____ DATE _____

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a midemeanor of the second degress.