Broward County

Consumer Protection Division

NONEMERGENCY MEDICAL TRANSPORTATION VEHICLE PERMIT APPLICATION FORM

Name of Service:_____

Business Address:_____

City and Zip Code:_____ Business Phone Number:_____

USE SEPARATE APPLICATION FORM FOR EACH VEHICLE

1. Type of Vehicle: ☐ Wheelchair ☐ Stretcher ☐ Combination ☐ Sedan *

2. Type of Application: ☐ New ☐ Renewal

3. Type of Permit(s) (check all that apply): ☐ NEMT ☐ Port Everglades ☐ Airport (FLL)

4. Vehicle Data:

Manufacturer: _____ Year/Model: _____

Vehicle Identification Number: _____

Mileage: _____ Color Scheme:_____
(Attach photograph of vehicle)

Unit Number:_____ License Plate Number: _____
(Attach copy of vehicle registration)

5. Application packets with fees included can only be accepted in-person. The fee is $73 per vehicle and can be paid by cash, check, credit card, or money order. Application packets that are dropped off or mailed in to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324 must be submitted without payment. An invoice will be emailed to you in order for you to pay after the application packet is processed.

_____ _____ _____
Signature Title Date

_____
Print Name

* Vehicle must meet the minimum vehicle standards found in Section 221/2-9B(a) thru (e) of the Broward County Code of Ordinances and all manufacturer's specifications.