



**Houston Health Department – EMS Program  
Ambulance Service Provider Permit  
Updates and Changes Form  
Vehicle Changes**

<p align="center"><b><u>Physical Location for mail or walk ins:</u></b></p> <p align="center"><b>Houston Health Department – EMS Program</b> 7427 Park Place Blvd Houston TX 77087</p>	<p align="center"><b><u>Contact information:</u></b></p> <p><b>Email:</b> hltems@houstontx.gov <b>Phone:</b> 832-393-5740</p>
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**Ambulance Service Provider Information**

Company Name _____ TDSHS License Number _____ Phone _____ Email _____
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**Ambulance Service providers are responsible to submit any company permit changes immediately to the City of Houston.**

**Adding a Vehicle**

<p><b>Required Additional Documentation (All required):</b></p> <p><input type="checkbox"/> Include a <i>Vehicle Information</i> form with only new vehicle(s) information.</p> <p><input type="checkbox"/> Include updated certificate of insurance or insurance card showing coverage for the new vehicle.</p> <p><input type="checkbox"/> Include a copy of TDSHS vehicle designation for new vehicle.</p> <p><input type="checkbox"/> Include 2017 EMS ambulance decal inspection payment of \$313.59 plus \$28.50 admin fee: <u>TOTAL 342.09</u> per ambulance.</p>
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**Vehicle Substitution** **\*\*NOTE substitutions may only be made prior to receiving the decal. Once decal has been received no substitutions or transfers can be made.**

<p><b>Old Vehicle:</b> Unit# _____ VIN # _____ LP _____ Make/Year _____</p> <p><b>New Vehicle:</b> Unit# _____ VIN # _____ LP _____ Make/Year _____</p> <p>Reason for Change: _____</p>
<p><b>Required Additional Documentation (All required):</b></p> <p><input type="checkbox"/> Include a <i>Vehicle Information</i> form with only new vehicle(s) information.</p> <p><input type="checkbox"/> Include updated certificate of insurance or insurance card showing coverage for the new vehicle.</p> <p><input type="checkbox"/> Include a copy of TDSHS vehicle designation for new vehicle.</p>

# Vehicle Information

In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the Houston Health Department to operate the following ambulance vehicles:

	Type	Year and Make	Vehicle ID Number	License Plate #	TDSHS Veh Auth #	TDSHS level (ex BLS)
1						
2						
3						
4						
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EMS Provider Name

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Date