



Adding/Replacing An Ambulance

Any Ambulance Service Provider who is Licensed in the State of Delaware may request to add and/or replace an Ambulance by completing the attached form.

Adding an Ambulance to your current fleet:

Fill out the attached form and forward by mail, fax, or electronically all documents to the Delaware State Fire Prevention Commission. Once the completed form is received by SFPC, a temporary permit will be issued and valid for 30 days from the date the Unit is requested to be placed in service. The unit **cannot** be placed in service until the Temporary Permit is received by the applicant and placed **in** the unit.

Within the 30 day Temporary Permit period the Commission will conduct a full inspection of the unit. Upon the successful inspection of the unit, a Permit will be issued until Dec 31 of that year.

1. Non-Emergency Ambulance Service Providers will display a State Fire Prevention Commission decal with an expiration sticker on the unit in a location selected by the Delaware State Fire Prevention Commission.

The following is an explanation of the items required for adding or replacing and ambulance application:

1. Application complete and accurate. Information must be legible, typed or written. Applications that are not legible will not be accepted.
2. Ambulance List completed and accurate with vehicle information to be added, and/or replaced.

Ambulance Service Providers are required to advise the Delaware State Fire Prevention Commission of any changes within the company, including, but not limited to Company contact information and Contracts for NON-Emergency Ambulance Service Providers.

Forward all documents to SPFC by one of the following options:

Mail
State Fire Prevention Commission
1463 Chestnut Grove Road
Dover, DE 19904

Fax
302-739-4436

Email
fire.commission@delaware.gov



Add/Replace Application for an Ambulance Service Provider

In conformity with the Ambulance Service Regulations for the State of Delaware, The Ambulance Service Provider listed below is applying to the Delaware State Fire Prevention Commission to operate the following Ambulance Vehicles:

Ambulance Service Provider Name: _____

Date: _____ Date Unit to be placed in-service: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Phone Number: _____

To Add a New Ambulance

	UNIT ID	YEAR AND MAKE	VIN	LICENSE PLATE#	Temporary Permit issued and Initials (Official Use Only)	PERMIT ISSUED- EXP DATE (Official Use Only)
1						
2						

Ambulance to be replaced by above Ambulance

	UNIT ID	YEAR AND MAKE	VIN	LICENSE PLATE#	Unit ID replacing this Ambulance (Official Use Only)
1					
2					

This is to certify that a qualified member of our organization has inspected the ambulance designated above and the equipment and supplies carried complies with the State Fire Prevention Commission Equipment Regulations. I also understand that falsification of this information can lead to the revocation of the permit to operate this unit in the State of Delaware.

Fire Chief or Owner Signature Date

EMS Officer or Director of Operations Signature Date

Fire Chief or Owner Printed Name

EMS Officer or Director of Operations Printed Name

Update 8/5/2020

Print Form