

PUEBLO COUNTY AMBULANCE SERVICE VEHICLE INFORMATION FORM

(Submit additional forms as needed)

Name of Ambulance Service	
Address / Zip	

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Unit #			
Vehicle License #			
Validation Month			
Make/Model/Year			
Chassis Number (VIN)			
Length of time ambulance has been in use			
Distinguishing Characteristics (Color, Insignia)			
Location(s) from which ambulance will operate			
Service Area			
Colorado State Emergency Vehicle Permit CRS 42-4-106(5) Colorado Dept of Motor Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Name (print)		
Signature		Date