



Office of Environmental Health
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 pueblohealth.org

PUEBLO COUNTY AMBULANCE SERVICE VEHICLE INFORMATION FORM

Submit additional forms as needed. Label page numbers below.

Page ____ of ____

BUSINESS INFORMATION			
Ambulance Service Name			
Address			
	VEHICLE 1	VEHICLE 2	VEHICLE 3
Unit #			
Current CO License #			
Vehicle Registration Renewal Month			
Make/Model/Year			
Chassis # (VIN)			
Length of time in use			
Distinguishing Features (color, insignia, etc.)			
Location(s) vehicle will be operated			
Is the vehicle an authorized emergency vehicle per the Dept. of Motor Vehicles? See CRS 42-1-102(6) and vehicle registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURES			
Owner Name (print)			
Signature			Date