

APPLICATION FOR AIR AMBULANCE CERTIFICATION
(Revised 6/2002)

OFFICE USE ONLY

Certificate number

Inspected

Certificate Issued

Insurance Expires

PROVIDER INFORMATION

Name of Provider

Provider Number

Name of Owner if different from provider

Telephone Number

Address (Number, Street, City, State, ZIP)

AIRCRAFT INFORMATION

Make

Serial Number

Tail Number

REPLACED AIRCRAFT INFORMATION

Certification Number of Aircraft this unit is replacing

Serial Number

Tail Number

ATTACHMENTS

Attach the following:

1. Proof of Insurance
2. Standard Airworthiness Certificate
3. 14 CFR 135 D85, Aircraft Listing

Misrepresentation of the information contained herein, failure to comply and/or maintain compliance with requirements may be cause for suspension or revocation of a certificate issued by the Indiana EMS Commission. All statements in this application are true to the best of my knowledge.

Signature and Title

Date