Broward County
Environmental Protection and Growth Management Department
Environmental and Consumer Protection Division

NONEMERGENCY MEDICAL TRANSPORTATION VEHICLE PERMIT APPLICATION FORM

Name of Service:_____

Business Address:_____

City and Zip Code:_____ Business Phone Number:_____

USE SEPARATE APPLICATION FORM FOR EACH VEHICLE

1. Type of Vehicle: ☐ Wheelchair ☐ Stretcher ☐ Combination

2. Type of Application: ☐ New ☐ Renewal

3. Vehicle Data:

   Manufacturer: _____ Year/Model: _____

   Vehicle Identification Number: _____

   Mileage: _____ Color Scheme:_____
   (Attach photograph of vehicle)

   Unit Number:_____ License Plate Number: _____

4. Please enclose with this application the permit fee of $61.00.

Make the check payable to: **Board of County Commissioners**

_____ _____ _____
Signature Title Date

_____
Print Name