Form C

Board of County Commissioners, Broward County, Florida
Human Services Department
Trauma Management Agency

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

Type of Vehicle: ☐ Wheelchair ☐ Stretcher

Type of Application: ☐ New ☐ Renewal

Vehicle data

Manufacturer Year/Model

Vehicle Identification Number

Mileage Color Scheme

Patient compartment size

Height Width Length

Please enclose with this application the permit fee of $50.00. ($51.50 after October 1, 2009)

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

TO THE BES T O F M Y KN OWLEDGE, A LL S TATEMENTS O N T HIS APPL ICATION AR E TRUE AND CORRECT.

Signature Title Date Signed