



Broward County
Resilient Environment Department
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 ☐ Sedan *

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: _____
(Attach copy of vehicle registration)

4. Application packets and fees will be accepted in-person or by mail sent to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Payment of \$73.00 per vehicle can be submitted by mail, in the form of check only, or in-person by check or credit card.

Signature

Title

Date

Print Name

* Vehicle must meet the minimum vehicle standards found in [Section 221/2-9B\(a\) thru \(e\)](#) of the Broward County Code of Ordinances and all manufacturer's specifications.