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 ☐ 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 Environmental and Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Payment of $64.00 per vehicle can be submitted by mail, in the form of check or a completed Credit Card Authorization Form.

_____ _____ _____
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.