



# York Count Department of Emergency Services

## EMS Unit Radio ID Application

This form is to be used to request a new EMS unit designation.

All requesting agencies must submit a current copy of their EMS Licensure along with this application.

<b>Organization Name:</b>							
<b>Address:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip:</b>			
<b>Base Municipality:</b>							
<b>Agency Chief:</b>	<b>Name:</b>			<b>Contact #:</b>			
	<b>Title:</b>			<b>Email:</b>			
<b>Company President, Elected Official, or Municipal Manager:</b>	<b>Name:</b>			<b>Contact #:</b>			
	<b>Title:</b>			<b>Email:</b>			
<b>Requested Designation:</b>		<b>Station Number:</b>		<i>(If Applicable)</i>			
<i>This is a (Check One Box)</i>		<b>New Unit:</b>		<b>Change in Radio ID for Existing Unit:</b>		<b>Replacement Vehicle (same Unit ID):</b>	
<b>Unit Type(s):</b> <i>(Check all that apply)</i>	<b>Ambulance:</b>		<b>Medic:</b>		<b>Intermediate:</b>		<b>MICU:</b>
	<b>Other: (Must Specify)</b>						
<p>Agencies approved for a MICU designation automatically receive a corresponding Medic and Ambulance designation.          Agencies approved for an Intermediate designation automatically receive a corresponding Ambulance designation.</p>							
<b>Vehicle Information:</b>							
<b>Year:</b>		<b>Make:</b>		<b>Model:</b>		<b>Plate #:</b>	
<b>VIN:</b>							
<b>Additional Information and Comments:</b>							
<b>Department Authorization</b>							
<p>I certify that the information contained in this application is correct to the best of my knowledge and shall be subject to verification by members of one or more applicable committees. Our organization agrees to operate under the rules and policies set forth by the York County Public Safety Advisory Board.</p>							
_____				_____			
<i>Printed Name &amp; Title of Authorized Official</i>				<i>Signature of Authorized Official</i>			
				_____			
				<i>Date</i>			
<b>York County Department of Emergency Services Approval</b>							
Approved? <b>Yes</b> <b>No</b>		Approval Date: _____					
Comments: _____							
CAD Administrator Signature: _____							