

Ambulance Approval and Registration Form

Please use either a laptop or personal computer in order to complete and submit this form electronically to NLPR.
Phones or hand held devices may have software incompatibility. **Photographs of documentation is not accepted.**

Vehicle Information:	
Vehicle Serial Number: _____	
Ambulance Licence Plate Number: _____	Vehicle Make: _____
Vehicle Model Year: _____	Odometer Reading: _____ km
Base Where Vehicle will be Primarily Located: _____	
Was the Company that Manufactured/Fabricated the Ambulance in Question a Transport Canada Certified Commercial Ambulance Manufacturing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "No" to the above question, please see Policy EHS-2005-11-01 and contact NLPR.	
Name of Company Which Manufactured/ Fabricated the Ambulance in Question: _____	

I, _____, as owner/representative of _____
certify that the ambulance specified above has been built to generally accepted commercial ambulance manufacturing standards on a certified ambulance prep package chassis. I also certify that this ambulance adheres to the standards and specifications, outlined in the Department of Health and Community Services (DHCS) *Ambulance Operations Standards Manual*, governed and applicable to my service and is fabricated to a quality equal to or above the required standard of the Motor Vehicle Act, SC 1993, c. 16.

In addition to this form the ambulance service is required to submit the following for ambulance registration:

- ☐ Copy of Highway Enforcement Officer's Ambulance Inspection Report
- ☐ Copy of Certificate of Compliance from the Ambulance Manufacturer

For registering a Used Ambulance the following documentation is also required for ambulance registration:

- ☐ Motor Vehicle Inspection Certificate (*Van Type Ambulance only*)
- ☐ Commercial Vehicle Inspection Certificate (*Modular Ambulance only*)
- ☐ Copy of Original In-Service Date Confirmation (*Either one-if available*)
 - o Registration from Initial Motor Vehicle Registration Jurisdiction
 - o Date of Sale Confirmation from Ambulance Manufacturer

Signature: _____

Date: _____
(DD-MONTH-YYYY)

NLPR use only: (To be completed by the Registrar)	
Evaluation of Request: _____	
<input type="checkbox"/> Active Registration <input type="checkbox"/> Not Approved	
Reviewed by: _____	Date: _____ (DD-MONTH-YYYY)