

## Ambulance Notification 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.**

Date: \_\_\_\_\_ Notifying Ambulance Service: \_\_\_\_\_  
(DD-MONTH-YYYY)

Please check (✓) and complete the appropriate category.

☐ **AMBULANCE PLATE CHANGE**

New Licence Plate #: \_\_\_\_\_

Old Licence Plate #: \_\_\_\_\_

Date of Plate Change: \_\_\_\_\_  
(DD-MONTH-YYYY)

Base Location: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ km

Service Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_

Service Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

☐ **AMBULANCE OUT OF SERVICE - PERMANENT**

Licence Plate #: \_\_\_\_\_

Out of Service Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

Base Location: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ km

Service Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_

Service Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

As per DHCS policy: *EHS 2003-09-68 Ambulance Replacement for Private, Community and Hospital Based Ambulance Services:*

New Ambulances shall be replaced within ten (10) years from the in-service date or when the odometer reaches 500,000 kilometres, whichever comes first.

Used ambulances shall be replaced (10) years from its original in-service date, or 500,000 kilometres, whichever comes first.