



Ambulance Relocation Reporting 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.

☐ **BASE TO BASE AMBULANCE RELOCATION** (same service)

Date of Relocation: _____ Time: _____ Licence Plate #: _____
(DD-MONTH-YYYY) (HH:MM)

Former Base: _____ → New Base: _____

Odometer Reading: _____ km

Service Representative: _____ Telephone: _____

Service Representative Signature: _____ Date: _____
(DD-MONTH-YYYY)

☐ **SERVICE TO SERVICE AMBULANCE RELOCATION**

Date of Relocation: _____ Time: _____ Licence Plate #: _____
(DD-MONTH-YYYY) (HH:MM)

Former Service: _____ → New Service: _____

Odometer Reading: _____ km Base Location: _____

Service Representative: _____ Telephone: _____

Service Representative Signature: _____ Date: _____
(DD-MONTH-YYYY)