

**INVALID SERVICE
RENEWAL APPLICATION**

Date: _____

*This form must be uploaded to your online renewal application **OR** submitted with the paper renewal invoice, along with any other required documents and fee(s).*

Please Print Legible or Type

Invalid Service Name: _____

Invalid Service Address: _____
Street

_____ City State Zip

Contact Phone #: () - Fax #: () -

Name of Invalid Service Director: _____

Do you wish to receive your renewal notice by E-Mail in lieu of US Postal Mail? YES NO

Email: _____

*The below items must be uploaded to your online renewal application **OR** submitted with your paper renewal invoice, along with the required fee(s).*

- 1) Completed Annual Operations Report
- 2) Copy of current Certificate of Liability Insurance
- 3) Copy of Mechanic's Certification
- 4) Completed and signed Vehicle Safety Inspection for all permitted ambulances for past calendar year
- 5) If there is a change in Service Director, a notification from the appointing authority must be submitted

I verify all information and documents contained in this Application and Annual Report are accurate and correct.

Service Director Signature

Date

**INVALID SERVICE
ANNUAL OPERATIONS REPORT**

*This form must be uploaded to your online renewal application **OR** submitted with your paper renewal invoice.*

TIME PERIOD REPORTED FROM: January 1, _____ **TO:** December 31, _____

SERVICE NAME: _____ **COUNTY:** _____

SERVICE UTILIZATION:

- 1) _____ Number of **UNITS**
- 2) _____ Annual Number of **RUNS**

**Information
Provided by:**

Name (Please Print or Type)

Title (Please Print or Type)

Date Completed: _____