

## Affirmation of Compliance for Agency Recertification

If you are *adding* new vehicle(s) to your fleet or *removing* vehicles, please use:  
**DOH-1881 Affirmation of Compliance Submission Portal | Survey Builder (ny.gov)**

Check one  Ambulance Service  ALS First Response Service

Current Operating Certificate Expiration Date

/ /

Name of Service

NYS EMS Agency Code

Address

City

State

ZIP

Contact Person

Email

Work Phone Number

Additional Phone Number

By completing and signing this affirmation, I certify that the vehicles listed are compliant with all requirements of the State EMS Code, Part 800. Title: CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations (ny.gov)

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicles (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law, any deficiencies that result in violations being issued, are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate. I attest that I am an authorized officer of this NYS Certified EMS agency with authority to sign.

Name

Title

Signature

Date

/ /

### FOR OFFICE USE ONLY

\_\_\_\_\_ # of stickers

Sent to \_\_\_\_\_

Date / /

Rep \_\_\_\_\_

**List all vehicles for agency recertification here. If you are *adding* new vehicle(s) to your fleet or *removing* vehicles, please use:  
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Please indicate if you need new certification logos for the sides and rear of any vehicle(s).  Yes, # of stickers \_\_\_\_\_  No Page \_\_\_\_\_ of \_\_\_\_\_

**Vehicle Information**

Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

License Plate #*	Radio or Agency ID	Motor Vehicle Identification # (VIN)	Make	Year	Color	Vehicle Type**

\***All** ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

\*\*Such as: **AMBULANCES** - Type I , Type II, Type III, Helicopter, Boat, Fixed Wing Aircraft  
**EMERGENCY AMBULANCE SERVICE Vehicle (EASV)** - Agency Fire Car, Van, Truck; or Personal Car, Van, Truck  
**ALS FIRST RESPONSE VEHICLE (ALSFR)** - Agency Fire Apparatus, Car, Van, Truck; or Personal Car, Van, Truck