



# Application for Exempt Registration of an Emergency Medical Services Vehicle

County Use Only
License No _____
Mo/Yr of Exp _____
Date Issued _____

**Instructions**

This form must be completed for issuance of Texas Exempt License Plates for a vehicle owned or leased by an emergency medical services (EMS) provider licensed by the Texas Department of State Health Services to provide emergency services.

The EMS vehicles must display the organization's name on each side of the vehicle in letters at least two inches high or use an emblem at least 100 square inches in size in a color legible from at least 100 feet.

Submit a completed application and a photocopy of the EMS provider license issued by the Texas Department of State Health Services to your local county tax assessor-collector's office. If the organization is operated by a municipality, county, or combination of both, provide a copy of the order, ordinance, or contract. If the vehicle is leased, attach a copy of the lease agreement. Contact your county tax assessor-collector if you have any questions.

**Applicant Information**

Name of Organization			Phone Number	
First Name (Officer for EMS Provider)	Middle Name	Last Name		Suffix (if any)
Address				
City	State	ZIP	County	

**Vehicle Information**

Vehicle Identification Number		Current TX License Plate		
Year	Make		Body Style	

**Certification – State law makes falsifying information a third degree felony.**

I certify the motor vehicle referenced above is used exclusively as an EMS response vehicle by an EMS provider licensed by the Texas Department of State Health Services as one of the following:

- a nonprofit emergency medical provider;
- a municipality, county, or combination of both as created by ordinance, court order, or contract; or
- an EMS provider chief's or supervisor's vehicle used exclusively as an EMS vehicle.

\_\_\_\_\_  
Signature of Officer for EMS Provider \_\_\_\_\_  
Date