

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

Aaron E. Bair, MD
EMS Agency Medical Director

EMERGENCY MEDICAL SERVICES AGENCY
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Fairfield, Ca. 94533
(707) 784-8155 FAX (707) 421-6682
www.solanocounty.com

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 5510

Implementation Date: Jan. 1, 2013

Release date: Nov. 15, 2012

REVIEWED/APPROVED BY:


AARON E. BAIR, M.D., EMS AGENCY MEDICAL DIRECTOR


TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: AMBULANCE PERMIT AND EQUIPMENT INSPECTION PROCESS

AUTHORITY: Solano County Emergency Medical Services Cooperative (SEMSC)
Ordinance 11-001; California Health & Safety Code, Division 2.5, 1797.204, 1797.220, 1798.(b), [1798.170]

PURPOSE/POLICY:

To ensure the public health and safety of the citizens of Solano County by establishing standards and requirements for Basic Life Support (BLS) and Critical Care Transport (CCT)/Specialty Care Transport (SCT) ambulances utilized for transport of Solano County residents.

- I. **PERMIT REQUIRED** – No ambulance owner or operator shall operate or cause to be operated, an ambulance service within Solano County unless a permit for such service provider has been issued, and execution of a written agreement with the SEMSC has taken place. Ambulance operations which originate at a site outside Solano County destined for a location within, through, or outside the County are exempted from the required ambulance permit process.

II. INITIAL NON-EMERGENCY AMBULANCE APPLICATION AND INSPECTION PROCESS:

Applications for CCT/SCT or BLS ambulance permits shall be made to the SEMSC utilizing the application form found on the EMS website, accompanied by such information as may be required by Solano County EMS. (Attachment 1)

A. The EMS Agency will have 60 days to review and process complete Ambulance Application Forms. Applications shall include the following information:

1. Company Name;
2. Company Agent's contact information, including email address;
3. Type of company, e.g. Sole Proprietorship, Partnership, Corporation, etc.;
4. Portfolio of company's experience and training in transportation and care of patients;
5. Description of ambulance(s), including digital pictures and Vehicle Identification Numbers (VIN) of those vehicles to be used in Solano County;
6. Copies of valid California Highway Patrol Inspection Reports for each vehicle;
7. Current copies of appropriate license(s) and/or permits required by State law and regulations;
8. A current roster of staff members, with licensure/certification numbers and expiration dates;
9. Company orientation and training materials used to orient new staff;
10. Copies of most recent financial statement, e.g. revenue, expenditures, balance sheet, etc.;
11. Evidence of current insurance;
12. Evidence of current Worker's Compensation insurance.

B. The appropriate application fee shall be submitted with application.

C. Each ambulance used to originate service in Solano County will undergo an inspection before being used to transport any patient(s). Annual inspections will occur thereafter.

1. An Emergency Medical Services (EMS) Agency Staff member will use the Ambulance Inspection Form to conduct the initial and annual inspection(s) (attachment 2);
2. The appropriate ambulance inspection fee shall be rendered at time of inspection;

SUBJECT: Ambulance Permit and Equipment
Inspection Process

Policy: 5510
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3. EMS Agency staff will work collaboratively with applicant to establish a date and time for the ambulance inspection(s) to be conducted at the ambulance company's headquarters;
 4. Upon successful completion of the ambulance inspection(s), a Solano County authorization decal will be applied to the lower Right Front window of each vehicle;
 5. If an ambulance fails inspection the EMS Staff member will provide the reason for the failure and schedule a re-inspection;
 6. An ambulance operator shall not use an ambulance in Solano County until it has passed inspection and received an authorization decal.
 - If an ambulance operator uses an unauthorized ambulance to originate a patient transport within Solano County they will be subject to penalties delineated in the written agreement for authorization to provide non-exclusive ambulance services in the County of Solano.
 7. An ambulance operator may request to transfer an authorization decal to another unit when the original authorized unit is permanently removed from service. The ambulance operator must submit a written request. The written request must include:
 - a. A statement requesting the transfer of the authorization decal from one unit to another;
 - b. Identification of currently authorized vehicle by the window authorization decal number issued by the Solano County EMS Agency, along with the vehicle identification number;
 - c. Identification of the vehicle to receive the authorization decal;
 - d. Upon receipt of the authorization transfer request and supplemental information, the Solano County EMS Agency will arrange for an ambulance inspection of the vehicle to receive the authorization decal;
 - e. After the vehicle has passed the ambulance inspection an authorization decal will be applied to the unit;
 - f. There is no fee charged for the transfer of an authorization decal.
 - g. Vehicle substitution is not permitted.
- D. Sign a written agreement with Solano County EMS Agency.

- E. Once an Ambulance Company has completed the initial application, undergone and passed the initial ambulance inspection process, and signed an initial written authorization agreement the EMS Agency will within 60 days issue a letter of authorization for a period of one year. At the end of that time period the ambulance company will re-apply for re-authorization and undergo the annual ambulance inspection process. Ambulance companies will adhere to all applicable federal, state, and local laws and regulations, and SEMSC resolutions, regulations, and policies.

III. ANNUAL RENEWAL OF NON-EMERGENCY AMBULANCE APPLICATION AND INSPECTION PROCESS:

- A. Update and/or complete the application on file with Solano County EMS Agency.
- B. Pay appropriate fees.
- C. Undergo ambulance inspection(s) as detailed in section II, C, 1 – 7.
- D. Sign a written agreement with Solano County EMS Agency.
- E. Once an Ambulance Company has completed the updated application, undergone and passed the annual ambulance re-inspection process, and signed a new written authorization agreement the EMS Agency will within 30 days issue a letter of authorization for a period of one year. Ambulance companies will adhere to all applicable federal, state, and local laws, and regulations, and SEMSC resolutions, regulations, and policies.

IV. PERSONNEL AND VEHICLE (AMBULANCE) STANDARDS

- A. Operators will ensure that all ambulance personnel are currently licensed or certified by the appropriate licensing or certifying authority. Any EMT employed and used to transport patients in Solano County must be registered with Solano County EMS.
- B. Operators will ensure that any vehicle used in Solano County complies with all applicable federal, state, and local laws and regulations and SEMSC resolutions, regulations, and policies.
- C. Operators will ensure that any vehicle used in Solano County has undergone the appropriate Solano County ambulance inspection and has a current authorization decal affixed to the lower right front window.
 - Vehicles used in Solano County without a current authorization decal are subject to the penalties outlined in their written authorization agreement.

- D. Operators will ensure that any vehicle used in Solano County has the capability for two way radio and cellular communication with the operators' respective dispatch centers and Solano County hospitals.

V. DISASTER SUPPORT

In the event of a locally declared disaster Operators will fully cooperate and provide response to the disaster when requested by the Medical Health Operational Area Coordinator (MHOAC).

VI. PERFORMANCE REVIEW AND INSPECTION

- A. Solano County EMS Agency shall periodically review the performance of ambulance operators and shall conduct whatever further inquiry or investigation deemed appropriate to determine whether Operators' operations, personnel, equipment, and vehicles comply with all applicable federal, state, and local laws and SEMSC resolutions, regulations, and policies.
- B. Solano County EMS Agency maintains the right to perform unannounced inspections of Operators' facilities and any ambulance vehicles authorized for use in Solano County during normal business hours for the purpose of determining compliance with the signed written authorization agreement and/or applicable federal, state, and local laws and regulations, and SEMSC resolutions, regulations, and policies. Inspections may occur when a unit is waiting for a call or after a call; inspections will not interfere with patient care.
- C. Solano County EMS Agency maintains the right to inspect any and all Patient Care Reports (PCR), dispatch records, Computer Aided Dispatch (CAD) records, records dealing with requests for service, certifications and/or licenses of Operator or its employees, and contracts with any facility located within Solano County to ensure compliance with the signed written authorization agreement and/or all applicable federal, state, and local laws and regulations and SEMSC resolutions, regulations, and policies.

VII. SUSPENSION/REVOCACTION OF AMBULANCE LICENSE

In the event Solano County EMS Agency finds that an Authorized Ambulance Operator has violated any of SEMSC's medical control requirements or any applicable federal, state, or local laws or regulations, SEMSC resolutions, regulations and/or policies, the EMS Agency will take any and all appropriate action in accordance with Resolution 11-001 and the Operators' written authorization agreements.

APPLICATION FOR AMBULANCE PERMIT (NON-EMERGENCY SERVICE)

SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY

275 BECK AVENUE, FAIRFIELD, CA 94533

(707) 784-8155

☐ Initial Application ☐ Renewal Application ☐ Basic Life Support ☐ CCT/SCT

1. Company Name

Company's Agent for County Permit Process:

Address:

Tel. Number:

Fax Number:

E-Mail Address:

2. Form of Ownership

☐ Sole Proprietorship

Name of Owner:

Address:

Tel. Number:

Fax Number:

E-Mail Address:

☐ Partnership

Name:

Address:

Share of Ownership:

Name:

Address:

Share of Ownership:

Name:

Address:

Share of Ownership:

☐ Corporation ☐ Publicly Traded ☐ Privately Held (Complete the following for each Corporation Officer)

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Name:

Title:

Address:

Share of Ownership:

Business Name(s) – if different than Company name:

Business Address(es) – if different than Agent's address:

3. Attach portfolio of company's experience and training in transportation and care of patients;

4. Attach separate description of each ambulance for which authorization is being requested, including:

- Make, model, year of manufacture, vehicle identification number, current California license number, and length of time vehicle has been in use;
- Color scheme, insignia, name, monogram, and other distinguishing characteristics of the vehicle;
- Description of the company's program for vehicle maintenance;
- Description of the vehicle's radio(s) capabilities

5. Attach copies of valid California Highway Patrol Inspection Reports for each vehicle;



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275 BECK AVENUE, FAIRFIELD, CA 94533
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6. Appropriate license(s) and/or permit(s) required by State law and regulations are current. ☐ Yes ☐ No
7. Attach names, qualifications, and evidence of certification for each EMT-1, Paramedic, and/or Registered Nurse employed, or to be employed, to provide ambulance services;
8. Attach a description of company's training and orientation programs for ambulance personnel and dispatchers;
9. Attach your most recent:
 - Financial statement (revenue, expenditures, balance sheet) stating total assets and liabilities;
 - Evidence of insurance (as required by Authorization Agreement);
 - Evidence of Workers' Compensation Insurance

Permit fees are approved by the SEMSC Board of Directors. The current ambulance permit fee is on file and available at the Emergency Medical Services Agency office.

Amount enclosed with this application is: \$ _____

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

- | | |
|---|--|
| ☐ Requirements met | ☐ Requirements not met |
| ☐ Application fee/renewal fee paid | ☐ Non-emergency permit approved |
| ☐ Non-emergency permit disapproved | ☐ Temporary non-emergency permit approved |
| Number of permits: _____ | Expiration date: _____ |

Signature of Permit Officer: _____ Date: _____



SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

PROVIDER: _____ **INSPECTION DATE:** _____ **INSPECTED BY:** _____
UNIT ID#: _____ **LIC #:** _____ **VIN #:** _____
PERMIT #: _____ **VEHICLE MODEL YEAR:** _____ **MAKE:** _____ **MILEAGE:** _____

CHECK THE EQUIPMENT AND QUANTITY NEEDED, WHETHER AVAILABLE, AND ANY ADDITIONAL INFORMATION AS NEEDED:

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	Ambulance Gurney/ Breakaway Scoop with Straps Collapsible Stretcher with straps	1			
☐	Pillows	2			
☐	Clean Blanket	2			
☐	Clean Pillowcases	3			
☐	Clean Sheets	6			
☐	Stethoscopes	1			
☐	Adult Sphygmomanometers (BP Cuff)	1			
☐	Pediatric Sphygmomanometers	1			
☐	Flashlight	1			
☐	Alcohol Wipes	20			
☐	Bite Sticks	1			
☐	Sterile OB Kit (gloves, cord tape/clamps, dressings, towels, bulb syringe, clean plastic bags)	1			
☐	Bandage Shears	1			
☐	Band-Aids assorted sizes	5			
☐	Sterile Gauze Pads 4"x4" packaged individually	10			
☐	Combine Dressings (Surgi-pad type) individually packaged, approximately 5"x9"	5			
☐	Universal Dressings (ABD's multi trauma dressings) 10" x 30", compactly folded and packaged in convenient size	3			
☐	Soft Roller. Self-adhering bandages 4"x5 yds. or 3x5 yds.	2			
☐	Soft-roller, self-adhering bandages, 6" x 5 yds. Sterile/ Non Sterile	2			
☐	Petroleum Gauze or other commercially prepared (occlusive dressing)	2			
☐	Rolls adhesive tape ½" wide	1			

SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	Rolls adhesive tape 1" wide	1			
☐	Rolls adhesive tape 3" wide	1			
☐	Cold Packs	1			
☐	Triangular Bandages 42" wide	2			
☐	Sterile Burn Sheets	2			
☐	Ankle and wrist restraint – soft ties are acceptable (leather restraints are recommended)*	1 set			
☐	Water, Sterile 2000 cc	1			
☐	Bedpan or Fracture Pan	1			
☐	Urinal	1			
☐	Adult-sized Rigid spine boards, approximately 14" or more wide by 72" long each with two sets of straps for immobilization of suspected cervical or spinal injuries capable of handling adults	1			
☐	Pediatric-sized Rigid spine boards, approximately 14" or more wide by 72" long each with two sets of straps for immobilization of suspected cervical or spinal injuries capable of handling adult/pediatric with appropriate immobilization straps	0			
☐	KED or Rigid spine board, approximately 14" wide by 32" long	1			
☐	Cervical Collars, 1 small, 2 medium, & 1 large (Stiff-sizes to fit all patients over one year old approved by EMS Medical Director) Adjustable	1			
☐	Head/Neck Stabilization devices	2			
☐	Hare Traction/ Sagar Traction splints	1			
☐	Three 3" x 15" arm splints and three 3" x 36" leg and thigh splints with soft cushioned surface or roll material for padding for immobilizing fractured extremities	3			
☐	D cylinders of oxygen (USP) with on O ₂ regulator/flow (portability for two O ₂ cylinders required)	3			
☐	Hand Operated, self-inflating bag-valve mask unit with reservoir that allows administration of 100% O ₂ with clear face masks in adult/child sizes	1			
☐	Pediatric, Infant size hand-operated, self-inflating bag-valve-mask unit with oxygen capability, with clear face mask and infant sizes without pop-off valve				
☐	Nasal cannulas, adult, infant, pediatric sizes	2 sets			
☐	Non-breather face masks, adult, infant, pediatric sizes	1 set			

SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	Face masks, adult, infant, pediatric sizes	1 set			
☐	Oxygen supply extension tubing	1			
☐	Oropharyngeal airways in adult, infant, pediatric sizes	1 set			
☐	Nasopharyngeal airways in assorted sizes	1set			
☐	Portable suction apparatus capable of a vacuum up to 25mm of H ₂ O mercury, with wide-boring tubing, and rigid pharyngeal suction tip, and small, medium and large suction catheters.	1			
☐	Packets of K-Y gel or other commercial lubricating gel	1			
☐	Pediatric port-a-warm, neonatal warmer, or approved equivalent	1			
☐	Fox shields or protective oval eye patches	1			
☐	Maps of entire county (Solano) (coded with grid system as prescribed by Solano County EMS) or GPS equivalent	1			
☐	Triage Tags and Disaster Materials as required by the County MCI plan	20 tags			
☐	1 box of non-sterile gloves	1			
☐	HAZ-MAT Kit • 10 Large Bio-Hazard Bags • 4 ea. Disposable gowns, slippers • 4 ea. Surgical masks • 2 pair splash goggles • 2 helmets • 2 safety vests • 2 leather gloves	1 Kit			
☐	Communication equipment required by the EMS Agency to link with central dispatch (to take effect on or before implementation date of a central dispatch center).	1 set			
☐	Additional supplies and equipment as required by the California Highway Patrol; as required by Title 13, California Code of Regulations.				
☐	Sterile gloves (pair)	2			
☐	Tourniquets	2			
	ALS AMBULANCE				
☐	Albuterol; 0.84% solution	3			
☐	Adenosine; 6 mg	5			
☐	Atropine Inj; 1 mg	6			
☐	Atropine Inj; 8 mg, (.4mg/ml)	2			

SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	Calcium Chloride Inj; 10% 1gm	2			
☐	Dextrose 50% Inj; 25 gm	2			
☐	Dextrose 25% Inj; 12.5 gm	1			
☐	Diphenhydramine (Benadryl) Inj.;50 mg	2			
☐	Dopamine (Intropin)* ; 400mg/5ml ; D5W, 250cc	2			
☐	Epinephrine Inj ; 1 :1,000 – 1ml	2			
☐	Epinephrine Inj ; 1 :10,000 –10ml	6			
☐	Glucagon; 1 unit (1.0mg)	1			
☐	Glucose Paste	1			
☐	Lidocaine Inj; 100mg	4			
☐	Midazolam (Versed) 5mg/2ml	2			
☐	Morphine Sulfate; 10mg	2			
☐	Nitroglycerine; 0.4mg/tablet or spray	2 bottles or 2 spray containers or 1 of ea.			
☐	Naloxone (Narcan) Inj; 2 mg	2			
☐	Normal Saline; 3 ml/unit (bullets)	3			
☐	Sodium Bicarbonate 4.2%; 5 mEq/10ml	2			
☐	Pediatric Sodium Bicarbonate 4.2%; 5mEq/10ml	1			
☐	Normal Saline IV bags	4 liters total			
☐	IV Administration sets (micro)	4			
☐	IV Administration sets (macro)	4			
☐	3-way stopcock/extension tubing	2			
☐	T-Connector (for Adenosine Adm. At IV Hub)	2			
☐	22 g IV catheters (catheter-over-needle type)	2			
☐	20 g IV catheters (catheter-over-needle type)	2			
☐	18 g IV catheters (catheter-over-needle type)	2			
☐	16 g IV catheters (catheter-over-needle type)	2			
☐	14 g IV catheters (catheter-over-needle type)	2			
☐	20 g ¾ inch Huber needle (accessing PV Ads)	2			
☐	10 or 12 ml syringes with needle	2			

SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	5 or 6 ml syringes with needle	2			
☐	3 ml syringes with needle	2			
☐	1 ml syringes with needle	2			
☐	18 g needles, 1-½"	2			
☐	Sodium Chloride for irrigation (1000ml, sterile)	2			
☐	Water for Irrigation (1000 ml., sterile)	2			
☐	Hand-held disposable nebulizers	2			
☐	Intraosseous Needle	2			
☐	30 or 50 ml syringes w/luer-lock hub to perform IO Fluid Challenge	2			
☐	Pediatric (Broselow first five minutes or reasonable equivalent) tapes for calculating Pediatric Medication Dosages	1			
☐	Neck blocks or equivalent device to restrict movement	2 sets			
☐	Adult & Pediatric lower extremity traction splint. Surface or roll material for padding.	1 each 3 each			
☐	Infant warming device	1			
☐	Bulb syringe	1			
☐	Cuffed endotracheal tubes (11 total to a set) ☐ 2 each of the following sizes: 7.0, 7.5, 8.0 ☐ 1 each of the following sizes: 6.0, 6.5	1 set			
☐	Non-cuffed endotracheal tubes (6 total to a set) 1 each of following sizes: 2.5, 3.0, 4.0, 4.5, 5.0 & 5.5	1 set			
☐	Endotracheal tube tie downs or holders	1 set			
☐	Malleable, round-tipped stylet	1			
☐	Laryngoscope handle with light with: ☐ Adult straight #4 blade ☐ Adult curved #3 blade ☐ Infant straight #1 blade ☐ Infant curved #2 blade ☐ spare bulb ☐ spare batteries	1 1 1 1 1 1 1 set			
☐	Magill forceps, adult and pediatric sizes	1 each			
☐	End tidal CO ₂ monitor	1 each			
☐	Esophageal detection device (bulb or syringe type)	1			
☐	Thoracostomy Kit for pleural decompression of tension pneumothorax (or approved equivalent)	1			

SOLANO COUNTY EMS AGENCY

AMBULANCE INSPECTION FORM

(BLS/ALS/CCT/SCT)

	AMBULANCE EQUIPMENT	MINIMUM QUANTITY	YES	NO	NOTE
☐	Needle cricothyrotomy kit (or approved equivalent)	1			
☐	Container to dispose of needles and other medical waste	1			
☐	Container to dispose of needles and other medical waste	1			
☐	Other specialized equipment authorized by the EMS Medical director: ☐ King Airway (1 set of 3) ☐ Combitube ☐ CPAP devices ☐ EZ IO or Bone Injector Gun (BIG) ☐ Glucose monitoring device ☐ Pulse oximetry monitor (optional) ☐ External cardiac pacing equipment	1 1 1 1 1 1 1 Set			
☐	Meconium Aspiration Adapter	1			
☐	Endotracheal Tube medication port adapter for administration of ET medications	1			
☐	Saline Lock Supplies	2			
☐	Portable, battery powered Monitor-Defibrillator with permanent tape print-out and cardiovert & pacing feature.	1			
☐	Adult and Pediatric defibrillation paddles or "hands-free" equivalent	1 each			
☐	Total batteries for monitor/defibrillator and any other battery operated equipment	1 set + 1 back-up			
☐	Set of leads	2			
☐	External Cardiac Pacer Pads Sets of leads	1			
☐	Spare roll of EKG paper	1			
☐	Sets of Electrodes	3			
☐	Sets of defibrillator pads or 1 tube of Defibrillator gel	1			
☐	IV Labels for adding medication	5			

SOLANO COUNTY EMS AGENCY
AMBULANCE INSPECTION FORM
(BLS/ALS/CCT/SCT)

[illegible]

SOLANO COUNTY EMS AGENCY
AMBULANCE INSPECTION FORM
(BLS/ALS/CCT/SCT)

INSPECTED AS: BLS: ☐ ALS: ☐ CCT/SCT: ☐

INSPECTION NOTES:

PASS: _____ FAIL: _____ Remediation Required: _____

Inspector Signature _____ Date: _____

AMBULANCE PERMIT

IN COMPLIANCE WITH:

RESOLUTION 11-001

SOLANO COUNTY EMERGENCY MEDICAL SERVICES COOPERATIVE (SEMSC)

PERMITTEE:	PERMIT #	
	VEHICLE #	
	LICENSE #	
	ISSUE DATE	
	EXPIRATION DATE	
INSPECTED BY:		
(signature)		
Scott Haskins EMS Project Manager		
APPROVED BY:		
(signature)		



AMBULANCE PERMIT LOG

SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY

Provider Company: _____ Inspection Date: _____

Year	Inspected by:	Permit #
Make	Notes:	
Lic		
Vin #	Approved:	Not Approved:

Year	Inspected by:	Permit #
Make	Notes:	
Lic		
Vin #	Approved:	Not Approved:

Year	Inspected by:	Permit #
Make	Notes:	
Lic		
Vin #	Approved:	Not Approved

Year	Inspected by:	Permit #
Make	Notes:	
Lic		
Vin #	Approved:	Not Approved:

Year	Inspected by:	Permit #
Make	Notes:	
Lic		
Vin #	Approved:	Not Approved:

