



Government of the District of Columbia – Department of Health  
**Ambulance Exemption Request**



**Ambulance Identification**

EMS Agency \_\_\_\_\_

Unit's Current Certification Level:  ALS  BLS

Unit Identification \_\_\_\_\_ License Tag Number: \_\_\_\_\_

**Request for Temporary Exemption – Routine Upgrade or Downgrades**

Temporarily Upgrade Ambulance to ALS  Temporarily Downgrade Ambulance to BLS

Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ Ambulance being Replaced: \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Supervisor*

\_\_\_\_\_  
*Date*

**Request for Temporary Exemption – Heat or Air Conditioning**

Heating Problems  Air Conditioning Problems

Plan to Correct \_\_\_\_\_

Identify how ambulance will be used \_\_\_\_\_

Expected Date to Return to Service: \_\_\_\_\_

**Acknowledgement of Temporary Heat or Air Conditioning Exemption**

I hereby request that the temporary exemption identified above be granted. I certify that the information contained within this form is true and complete to the best of my knowledge and belief. I further understand that any exemption granted is only for the unit(s) identified above. I affirm that I will monitor the unit(s) to ensure it is used only in the manner requested on this exemption request. I further affirm that I will notify the Department of Health of any changes involving the unit(s) identified on this form, including reporting when the unit(s) return back to their normal status.

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*