



Arkansas Department of Health, Section of EMS Upgrade/Downgrade Temporary License

Complete According to Current EMS Rules

Service Name: _____ County: _____

Service License Number (three-digit number from wall certificate- not applicable to new registrants): _____

Unit Number: _____

Vin Number: _____

Upgrade or Downgrade: _____

Permit Number: _____

Choose One

Reason for request: **Mechanical Reason, describe** _____

Staffing Reason

Choose one:

Upgrade
All required ALS equipment has been placed on the permitted unit.

Downgrade
All Narcotics have been removed from the permitted unit.

Signature: _____

Date: _____

*Please sign and fax or email to the Section of EMS, adh.ems@arkansas.gov, or 501-280-4901.
Once your unit has return to the original permitted status, please send an up/downgraded form to the Section of EMS.*

Section of EMS use only

Signature of EMS Specialist with Section of EMS:

If, for any reason, an upgraded or downgraded unit remains in service for longer than 14 days, submit a new up/downgrade form, signed, faxed or email to the Section of EMS, attention Regulatory at 501-280-4901 or ADH.EMS@arkansas.gov.

Expirations Date:

DO NOT OPERATE PAST EXPIRATION DATE UNLESS YOU HAVE RETURNED TO ORIGINAL LICENSURE LEVEL OR REQUESTED FOR ADDITIONAL DATES BY THIS OFFICE

PLACE THIS DOCUMENT IN YOUR REAR LEFT WINDOW