



MONTANA EMERGENCY MEDICAL SERVICES

Open to all Montana Emergency Medical Providers

APPLICATION FOR MONTANA EMS LICENSE PLATES

Applicant is to complete this information:

Name of Applicant: _____

Driver's License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Daytime Phone: _____

I, the undersigned, state that I am certified to purchase a Montana EMS License Plate, for which I am making application, will be issued to a passenger car or commercial vehicle.

Signature of Applicant: _____ Date: _____

To be completed by the Ambulance Service Director, or his/her designee, of the approving EMS Department.

By: _____ Date: _____

• EMS License Plate renewal fee is \$35 with additional \$15 charged for first time plate fee.
