



# Organ Transport Vehicle Changes Application Packet

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## In order to process your request:

Mail your application and other documents to:

EMS Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

## Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

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## Application Instructions Checklist

When your application for Organ Transport Vehicle Changes is received by the Department of Health (DOH), it will be reviewed and you will be notified in writing of any outstanding documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

**1. Demographic Information:**

**Service Name:** Enter the owner's name as it appears on the UBI/Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax Numbers:** Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and Web addresses, if applicable.

**2. Organ Transport Vehicle Changes:**

List any vehicles which you are adding or removing. Provide year, make and model, license plate number, actual address of vehicle, and VIN number. Attach additional completed pages if you need more space.

**3. Statements and Signatures:**

The service representative must read the affirmation statement thoroughly to ensure the provisions of this section are understood. Then, print and sign name and enter the date.

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Date  
Stamp  
Here

## Organ Transport Vehicle Changes Application

### 1. Demographic Information

Organ Transport Service License Number

Service Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address	Web Address
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### 2. Organ Transport Service Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located. Please review [WAC 246-976-360](#) to ensure your vehicles meet all requirements.

Add/ Remove	Year	Make and Model	License Plate Number	Address of Vehicle (if different from page 1)	Vehicle Identification Number (VIN)

### 3. Statements and Signatures

“I hereby affirm and declare that the information provided on this application is true and correct, and that our vehicles meet the minimum equipment requirements in accordance with [RCW 18.73.290](#) and [WAC 246-976-360](#).”

\_\_\_\_\_  
Signature of Service Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Physicians Trained AEMT/PARA Certification RCW 18.71.205](#)

[Organ Transport Services RCW 18.73.290](#)

[Emergency Medical Care and Transportation Services RCW 18.73.081](#)

[Ambulance, organ transport vehicle, and aid vehicles RCW 18.73.140](#)

[Secretary Rule Making RCW 43.70.040](#)

[Emergency medical services and trauma care system - Rule making RCW 70.168.050](#)

[Emergency Medical Services and Trauma Care Systems WAC 246-976-360](#)

### **Online**

[EMS Agency and Vehicle Licensing and Information Webpage](#)