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Kansas
Board of
Emergency Medical Services

phone: 785-296-7296
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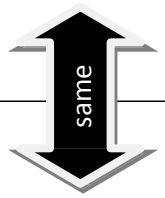
Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

The following is an explainer to assist in acquiring the following:

KANSAS EMS LICENSE TAG

Step 1. Fill out the "Distinctive Plate License Plate Certification" Form - for EACH **Vehicle** (including):

Section:		**Definition:** Any owner or lessee of one or more passenger vehicles, trucks of a gross weight of 20,000 pounds or less or motorcycles (**Vehicle)**
Registration Information		Current License Plate Number (**Vehicle** which tag is being placed upon) Registration year (of **Vehicle** requested) County (where **Vehicle** registered)
VIN Number		**Vehicle** which tag is being placed upon
Type of Application		Check – ✓ Renewal; or ✓ Auto / Motorcycle /Truck; or ✓ New Registration
Owner Information 		Print – • Name (Last, First, MI), Daytime Phone, Address, City and Zip **Note**: Owner information and pertaining Certification number should constitute the same individual
Certification Number		Print – • Certification Number (found on certification card provided by Kansas Board of EMS • Expiration (date of expiration of certification)
K.S.A. 65-6150 Unlawful acts. (a) It shall be unlawful for any individual to represent oneself as an attendant or instructor-coordinator unless such individual holds a valid certificate as such under this act. (b) Any violation of subsection (a) shall constitute a class B misdemeanor.		
Signature of Authorized Representative		Authorized Representatives (signing and print) • Licensed EMS service director • Hospital Administrator/Administration • Medical Director • Executive Director of KBEMS (Original signatures. Electronic signatures or copies will not be accepted)
Fee		Pay appropriate fee as required by Kansas Department of Revenue, Division of Motor Vehicles

Step 2. Uninstall old tag on **Vehicle**

Step 3. Install EMS tag on **Vehicle**

Kansas Department of Revenue Division of Vehicles
Topeka, Kansas 66626-0001

Distinctive Plate License Plate Certification

REGISTRATION INFORMATION:

Current License Plate No. _____ Registration year _____ County Situs _____

VIN Number _____

Type of Application [ ] Renewal
[ ] A - Auto OR M - Motorcycle OR T - Truck (Registered for 20,000 lbs. Or less)
[ ] New Registration

Owner Information:

Vehicle Owner's OR Leasee's Printed/Typed Name (Last, First, MI) _____ Daytime Phone Number _____

Certification Number of Attendant listed above _____ Expiration _____

Address _____ City State Zip _____

Certification valid for issuance of one special license plate for the vehicle listed above.
Current Kansas registration required. Vehicle may be registered in the name of one or more owners or leasees, but one of the owners or leasees must be a certified attendant defined by K.S.A. 65-6112 certified by the foundation/association shown below.
The name on this certificate must also appear on the vehicle title and registration.
Requests for special plate numbers will not be honored.
Current fees, payable at the time of registration, will include personalized/specialty plate fee of $40.00, payable once every five years, plus a one-time reflectorized plate fee of $0.50; annual regular registration fee, including a one-time $5.00 manufacturing fee; property taxes; and sales tax, if applicable .
Proof of eligibility: Documentation of eligibility is subject to verification by the Division of Vehicles

The following verification statement must be signed and stamped by the authorized representative of the foundation/association.

- This certification must be presented to the County Treasurer when originally applying for said specialty license plate or renewing the registration on an existing specialty license plate.
- 65-6150 Unlawful acts. (a) It shall be unlawful for any individual to represent oneself as an attendant or instructor-coordinator unless such individual holds a valid certificate as such under this act. (b) Any violation of subsection (a) shall constitute a class B misdemeanor.

Name of Foundation/Association: The Kansas Board of Emergency Medical Services (KBEMS)

I certify that the applicant identified above is authorized to obtain one specialty license plate.

Signature of Authorized Representative / Service Director _____ Date _____

Print or Type Name (Authorized Representative) _____

FOR ATTENDANT CERTIFICATION VERIFICATION, CONTACT KBEMS@ 785-296-6349

Original copy of this certification to County Treasurer

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