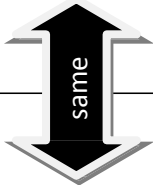


The following is an explainer to assist in acquiring the following:

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 – <input checked="" type="checkbox"/> Renewal; or <input checked="" type="checkbox"/> Auto / Motorcycle /Truck; or <input checked="" type="checkbox"/> New Registration
Owner Information	Print – <ul style="list-style-type: none"> • Name (Last, First, MI), Daytime Phone, Address, City and Zip Note: <u>Owner information and pertaining Certification number should constitute the same individual</u>
	Certification Number
	Print – <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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**

Distinctive Plate License Plate Certification

REGISTRATION INFORMATION:

	_____	_____	_____
	Current License Plate No.	Registration year	County Situs
VIN Number	_____		
Type of Application	<input type="checkbox"/> Renewal <input type="checkbox"/> A - Auto OR M - Motorcycle OR T - Truck (Registered for 20,000 lbs. Or less) <input type="checkbox"/> 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