



HIGHLANDS COUNTY FIRE RESCUE



**COPCN VEHICLE  
PERMIT APPLICATION FORM**

Name of Service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**USE SEPARATE APPLICATION FORM FOR EACH VEHICLE**

1. Type of Vehicle:      NEMT      BLS      ALS      AIR

2. Type of Application:      New      Renewal

3. Vehicle Data:      State ALS / BLS Vehicle License Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Mileage: \_\_\_\_\_ Color Scheme: \_\_\_\_\_  
(Attach photograph of vehicle)

Unit Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

4. Please enclose with this application the permit fee of \$100.00:

Make the check payable to: Highlands County Board of County Commissioners

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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