



**NEW MEXICO PUBLIC REGULATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 1269
SANTA FE, NEW MEXICO 87504-1269**

**AMBULANCE CERTIFICATE
REISSUANCE APPLICATION**

18.3.14.25 REISSUANCE OF CERTIFICATE: Sixty (60) days prior to expiration of its certificate, an ambulance service shall submit to the director an application for reissuance of its ambulance certificate containing the information required by Paragraphs (1) through (10) of Subsection A of 18.3.2.13 NMAC.

Applicants Name: _____

D/B/A Name: _____

Sole Proprietorship/Partnership Name: _____
(If the applicant is a sole proprietor or a partnership, please provide the applicant's social security number for purposes of verifying parental responsibility act compliance) _____

Street Address: _____

City, State, Zip Code: _____

Certificate No. _____ New Mexico CRS No. (Taxpayer ID) _____

Mailing Address (If different from above) _____

E-mail address: _____

Vehicle Stationing Points: _____

APPOINTMENT OF A RESIDENT AGENT FOR SERVICE OF PROCESS

You must appoint an agent other than yourself who is a resident of the State of New Mexico upon whom all legal notices may be served pursuant to Section 65-2A-28 NMSA 1978

Name of Agent: _____

Address: _____

Telephone No. & Email: _____

Exhibit 1: Evidence that the applicant is authorized by the office of the secretary of state to do business in New Mexico and that it is in good corporate standing in New Mexico, as well as the names and addresses of any shareholders who own ten percent or more of the voting stock of the corporation

If the applicant is other than a corporation, a description of the form of ownership, the names and addresses of all principal owners and managers, the percentage of ownership interest of each, and the date the business entity was created.

OATH OF APPLICANT

(The signature must be that of the Applicant, not legal representative.)

I certify that I will abide by all New Mexico Public Regulation Commission (NMPRC) Rules & Regulations. I understand that the NMPRC has also adopted & enforces Federal Motor Carrier Safety Regulations and Federal Hazardous Materials Regulations found in Title 49, Code of Federal Regulations, Chapter 3, with the variances adopted by the Motor Transportation Division of the New Mexico Department of Public Safety.

I certify that all motor vehicles, and the drivers operating the vehicles, used in providing the services sought to be authorized meet the safety requirements of the Federal Motor Carrier Safety Regulations and the Federal Hazardous Materials Regulations.

I certify that I have sent in a complete application.

I certify that I am fit and able to provide the transportation service requested, and that I am in compliance with the safety and financial responsibility requirements of the Motor Carrier Act and the rules of the Commission.

I further certify that I am authorized to make this application and affirm that the facts, statements and representations contained in this application and its attachments are true and correct to the best of my knowledge. I know that willful misstatements or omissions of material facts constitute administrative and criminal violations punishable by imprisonment and fines.

I hereby swear and attest that I have read the Motor Carrier Act § 65-2A-1 to 40 NMSA 1978 and the Commission's Motor Transportation Rules, and have a working knowledge of the contents therein, and will operate any authority permitted by the Commission in compliance with the Motor Carrier Act and the Commission's Rules.

Signed: _____ Title (If Any): _____

Date: _____

STATE OF: _____

COUNTY OF: _____

The person listed above personally appeared before the undersigned Notary Public in & for said County, in said State, who, being by me first duly sworn, says that he/she is authorized to make this application and that the facts, statements & representations contained in the application and attachments are true and correct to the best of his/her knowledge, information & belief.

Sworn & subscribed to before me this _____ day of _____ 20____.

Notary Public

(SEAL)

My Commission expires: _____

EXHIBIT 1

Per Paragraphs 8 and 9 of Subsection A 18.3.2.13 NMAC

PRC USE ONLY:

Certificate No. _____

Certificate/ Renewal Certificate Expiration Date: _____

Reissuance Application Received Date: _____

Inspection Completion Date: _____

Current Form E in File: _____ Yes _____ No

NOTES:

Verification by: _____