



# Weight Verification Form

To be completed with adding or replacing a new vehicle certification

**NOTE: WEIGHT VERIFICATION IS REQUIRED ONLY FOR REPLACEMENT AND ADDITIONAL AMBULANCES.** When requesting certification for multiple vehicles that have the same year of manufacture, design and construction specifications, a service need only take weight verification information on one sample vehicle from the group once during the chassis-manufacturing year and copy that information onto Part E, number 18 for the other identical vehicles in the group. For example, if a service is to purchase two or more identical ambulances manufactured in 2014, verify weight of one and put that information onto Part E, number 18 for other identical 2014 vehicles. Please do not complete this part for vehicles previously certified under your license.

Complete the following checklist to verify the weight of stocked ambulance:

1. Stock ambulance with required medical and vehicle equipment and supplies. ( )
2. Stock ambulance with optional medical and vehicle equipment and supplies. ( )
2. Count the number of seats that include seat belts and the cot. # of seats & Cot \_\_\_\_\_ ( )
3. Stock ambulance as an in-service vehicle, with standard equipment required by the service for day-to-day operations. ( )
4. Fill fuel tank(s) to full level. ( )
5. Weigh stocked ambulance empty of personnel. ( )
6. Record weight of ambulance Wt = \_\_\_\_\_ ( )
7. Record gross vehicle weight (GVWR). GVW R= \_\_\_\_\_ ( )
8. **Attach vehicle weight bill to this form.** ( )

Note: If an ambulance is found to exceed its identified GVW rating, the service must take measures to reduce the weight in order to conform to the vehicle's posted GVW rating. Certification of an ambulance will be contingent on the licensee's ability to demonstrate compliance with the ambulance's GVWR.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## FEE INFORMATION:

The fee for certification is \$200.00 per vehicle.

Make check(s) payable to the **Commonwealth of Massachusetts.**

Return completed **Part E Form**, **Vehicle Weight Bill**, and **Certification Fee** to:

**Office of Emergency Medical Services  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111-1703**

OEMS use only	Fee Received	Amount	Certificate Number	Temp Certificate issued:
Wt _____ + # of Seats & Cot = _____ X 175lbs    Wt Exceeds GVW    Yes _____ No _____				
OEMS Review by _____				
Date _____				