

Ambulance Gateway

Ambulance Specification Form

Overview

This form is utilized, by the Ambulance Gateway [AG] Collector, to specify an ambulance being considered for the AG program. It is originally completed by the Collector and, if accepted into the AG program, distributed to other stakeholders for informational purposes.

Collector

Club Name: _____

Club Location: _____

Contact name: _____

Contact phone: _____

Contact email: _____

Donor

Agency name: _____

Agency address: _____

Contact name: _____

Contact phone: _____

Contact email: _____

Ambulance specifications

General

Vehicle ID number [VIN]: _____

Odometer: _____ miles (as of ____/____/____)

Dimensions (excluding only the side mirrors):

Length: _____ inches

Width: _____ inches

Height: _____ inches

Vehicle base

Make: _____

Model: _____

Manufacture Date: ____/____/____

Engine type:

Gasoline

Diesel

Drive train:

2-wheel drive

4-wheel drive

GVWR: _____ Lbs

Front GAWR: _____ Lbs

Front tires: _____ (single/dual) on _____ Rims at ____psi cold

Rear GAWR: _____ Lbs

Rear tires: _____ (single/dual) on _____ Rims at ____psi cold

Ambulance configuration

Manufacturer: _____

Manufacture Date: ____/____/____

Vehicle type:

- Truck chassis with box compartment (KKK Type I)
- Van with modified compartment (KKK Type II)
- Van chassis with box compartment (KKK Type III)
- Sprinter
- Heavy rescue
- Other: _____

Vehicle history

Accident history

Record here known major accidents only:

Year	Incident
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other information

Record here any other information pertinent to maintenance/condition of vehicle:

Picture(s):

Please some include current pictures of the vehicle, including front, sides, and rear.