



State of Louisiana TOC/BEMS

Surge Unit

Registration Form



Louisiana
Placard Number

Event Name

Initial Registration

Contract Number Tracking Number

Replacement Unit

Date Activated Time Activated

Placard # being replaced

Ambulance

Provider Name

Unit Number

Person completing form

License Plate#

Vin #

Person completing form Email

State Decal #

Decal Exp Date

Level of Care

Asset Type

Phone #

Fuel type

Max # Transport capacity

Crew Member #1

Crew Information

First Name
(as recorded with BEMS)

Nick Name

Last Name
(as recorded with BEMS)

NREMT #

BEMS State #

Yes No

DL # & State

Cell Number

Cell Provider

Date of Birth

Team Leader Recommended

Crew Member #2

First Name
(as recorded with BEMS)

Nick Name

Last Name
(as recorded with BEMS)

NREMT #

State #

Yes No

DL # & State

Cell Number

Cell Provider

Date of Birth

Team Leader Recommended

Dispatch

Enroute from: _____

Times	Date	Time
-------	------	------

Radio Issued Yes No

Asset #: _____

Enroute to APS: _____

Team Leader Box Yes No

LRAA Rep.: _____

Unit Arrived APS: _____

Documentation Box Yes No

LRAA Rep. _____

Assigned by APS: _____

App Downloaded Yes No

Signature: _____

Keyword Downloaded Yes No

Documentation: []

Initial Assignment: _____ 95577

Safety: []

Signatures

Crew Lead Name

BEMS Representative

Crew Lead Signature

BEMS Representative Signature

Please email form to: (cut & paste)
Ambulance.standards@la.gov; lraasurge@gmail.com;
liaisonlraa@gmail.com