STATE OF FLORIDA

DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL OVERSIGHT

LIST OF **WATER VEHICLES** REQUIRED PER 401.26 (1) FLORIDA STATUTE AND 64J-1 FLORIDA ADMINISTRATIVE CODE

(You may use this form or submit the required information on your own form)

EMS Provider: _____ Provider #: _____

FLORIDA REGISTRATION NUMBER	MAKE	MODEL	LENGTH	CAPACITY	MOTOR SIZE

Signature: _____ Date: _____