



PENNSYLVANIA
EMSC State Partnership Program

**PREPARED FOR
PEDIATRICS**
EMERGENCY MEDICAL SERVICES

REQUEST FOR ADDITIONAL DECALS

Agency Name* (legal name as licensed) _____

Date _____

DBA (if applicable) _____

Affiliate number* (first 5 digits of number on license decal) _____

Primary Contact* (for process and communication)

Name _____

Title _____

Email _____

Phone _____

Number of Decals Requested* _____

Recognition Level* _____

Name _____

Title _____

Application Attestation: I hereby acknowledge that my request for additional or replacement decals will follow decal placement instructions outlined in the Prepared for Pediatrics EMS Handbook and will only be placed on licensed vehicles that meet all program requirements for the recognition level shown on the decal.

Signature _____

Should be signed by senior-level agency leadership (Chief, President, Executive Director, etc.)

A completed form should be submitted as an electronic attachment to EMSC@PEHSC.org.

