

NATIONAL TRANSPORT AUTHORITY MSI Building, Royal Road, Les Cassis, Port Louis Tel : 202 2800

Request for authorisation to operate vehicle as Ambulance

To: The National Transport Authority

I, the undersigned, hereby apply for an authorisation to operate an ambulance and I declare to the best of my knowledge and belief the statements made in this application are true and correct.

1. Full name and address of applicant <i>(applicable to Health Care Institutions)</i>	
a. Name	<input style="width: 100%;" type="text"/>
b. Status	<input style="width: 100%;" type="text"/>
c. Address	<input style="width: 100%;" type="text"/>
d. Registered Company No.	<input style="width: 100%;" type="text"/>
e. BRN	<input style="width: 100%;" type="text"/>
f. Telephone No	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> Office Mobile
g. Email Address :	
2. Full name and address of applicant <i>(applicable to NGO'S/ Parastatal Bodies)</i>	
a. Name	<input style="width: 100%;" type="text"/>
b. Status	<input style="width: 100%;" type="text"/>
c. Address	<input style="width: 100%;" type="text"/>
d. Registration No	<input style="width: 100%;" type="text"/>
e. Phone No.	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> Office Mobile
f. Email Address :	
3. Are you already operating ambulance/s? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If yes, Please specify Number</i> <input style="width: 50px;" type="text"/>	
<i>Registration mark/s:.....</i>	
4. Particulars of vehicle/s to be used as ambulance	
Registration Mark/s	<input style="width: 100%;" type="text"/>
Type	<input style="width: 100%;" type="text"/>
5. Concrete evidence as to whether proposed service has been approved by the Ministry of Health and Quality of Life Yes <input type="checkbox"/> No <input type="checkbox"/>	
Note: Approval letter from MOH & QL to be produced.	

6.

NOTE TO APPLICANTS

Applicants are kindly requested to read carefully the following requirements before submitting the application form.

- The vehicle should be high roof mandatory.
- It should be equipped with coil springs or springs designed for the convenience of people.
- Grab rails/hand rails be fitted in the vehicle to help people to move inside. Grab rails should as well be fitted on lateral sides to be used by medical crew.
- Ambulance should be marked on both sides and on the front, to be easily identified.
- It should be equipped with blue light, or blue and red light, or blue and amber light, or blue, amber and red light beacon lamps and siren.
- The medical equipment and the seating accommodation of the crew should be well secured.
- Stretcher and wheelchair should be well stowed to avoid risk of injury.
- The sitting position of the crew assisting the patient should face forward during travel.
- The eligibility of drivers be assessed through a course on defensive driving dispensed by M.I.T.D.
- Consideration be given for Insurance policy to cover patients and the crew.
- The vehicle should be examined by the Mechanical Engineering Division of the MPI certifying that it is equipped to be used as Ambulance.
- You may wish to consult the website of the NTA for any related information at nta.govmu.org
- Any other conditions imposed by the MOH & QL.

7. Declaration

I, we declare that the
 (Full name of applicant in Block Letters)
 particulars given above are correct and acknowledge having read carefully and understood the contents of the 'Note to Applicants'. ***I/We also undertake that in the event of sale and change of ownership, the vehicle should be converted back to it's original type and class.***

Signature of Applicant Date.....
 Status.....

8.

OFFICIAL USE

Registration and Licensing Section

Vehicle examined by Mechanical Engineering Division of MPI on

Remarks:..... Signature:.....

Note: Letter from MPI Division to be produced.