

## Private for-Hire Transportation Non-Contiguous Provider Registration Form Non Emergency Medical Transportation

Company Name:										
(Name registered with the State of Oregon and your City of Portland Business License)										
State of Oregon Corporation Division Registry Number:										
Physica	I Address:									
,		-	Street Address							
			City	State	Zip Co	de				
Mailing Address:										
	than physical address)		Street Address/PO BOX							
			City	State	Zip Code					
Contact Information										
(Primary Contact Name)			(Phone Number)	(email addre	ess)					
(Alternate Contact Name)				(Phone Number)	(email address)					
	(Company Fax	( Number)								
Brokerage Information										
вгокегас	ge Affiliation:		(1)	5.5.1	> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Addross.			(Name	of Brokerage the Company (	Contracts With)					
Address:	-									
Contact Info:										
		(Brokerage Conta	ct Name)	(Phone Number)	(Email Ac	ldress)				
Vehicle Information-if necessary attach remainder of vehicles on a separate sheet										
Vehicle 1										
VCITICIC										
YEAR	MAKE	MODEL		VIN	LICENSE PLATE	PLACARD #				
Vehicle 2	<u>′</u>									
YEAR	MAKE	MODEL		VIN	LICENSE PLATE	PLACARD #				



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Vehicle Information cont.									
Vehicle 3	<b>;</b>								
YEAR	MAKE	MODEL	VIN	LICENSE PLATE	PLACARD #				
Vehicle 4		-							
YEAR	MAKE	MODEL	VIN	LICENSE PLATE	PLACARD #				
Vehicle 5									
YEAR	MAKE	MODEL	VIN	LICENSE PLATE	PLACARD #				
I certify, as an authorized company representative, that the									
and only se Portland me be register	eldom picks up pedical facility and ed with the Re	d is correct. I cer bassengers in Pord d back. I acknow gulatory Division	rtify that the company is based rtland as part of a round trip whedge that each vehicle being and a placard for that vehiclessued to it on the dashboard	from an out of area used for this transp cle issued before it	location to a portation must ts use. Each				
Signature			7	Title	Date				