

## **Transportation Vendor Information**

Company Name:	:				
Address:		Pho	ne:	Fax:	
City:		Cell:	Cell:		
Zip:		Ema	ail:		
		Fede	ral Tax ID Nເ	mber:	
	5	SERVICES PRO	VIDED (Circl	e each that apply)	
Taxi, Limo, Other Wheelcha Equipped \			etcher E bed Van	Sasic Life Support	Advanced Life Support, Air Transport
How far from you	ur location would	you travel to pic	ck up a passe	enger?	
10 Miles 2	25 Mile 50	) Miles 10	00 Miles	200+Miles	_
Will you quote fla	at rates? Yes	No Is	this a meter	ed service? Yes _	No
Do you charge "l	Jnloaded Miles"	? Yes No	(If Yes, \$	/mile)	
If a passenger ca		their wheelchair	r to your vehi	cle, can you accor	mmodate a folding
Does your compa	any employee M	lulti-Lingual Driv	ers? Yes	No	
If Yes, please list	t languages				
SERVICES	PER LOAD	PER MILE	WAIT TIM	TIME NO SHOW	MINIMUM
					(miles 1-way)
Regular - Taxi					
Wheelchair Van					
Stretcher / Gurney					
BLS					
ALS					
Air Transport					
		1		1	1