



SECURE TRANSPORTATION VEHICLE PERMIT

This is to certify that American Medical Response
dba American Medical Response, of the State of Colorado, having applied for a **Type A & B Secure Transportation Vehicle Permit**, and having paid to the County Treasurer the appropriate fees thereof, the above applicant is hereby permitted to operate the following described vehicle:

Year: 2005
Make/Model: Ford Expedition
VIN:1FMPU16515LB02050

This permit is not transferable and must be prominently displayed in the vehicle interior.

This permit is valid in the County of Fremont for a period beginning on the ___ day of _____ and ending on the ___ day of _____ [1 year] unless this permit is revoked sooner as provided by law. This permit is issued subject to the laws of the State of Colorado and especially under the provisions of C.R.S. § 25-3.5-310, as amended.

In testimony whereof, the Board of County Commissioners has hereunto subscribed its name by its officer duly authorized ___ day of _____, 2023.

ATTEST:

THE BOARD OF COUNTY
COMMISSIONERS

County Clerk & Recorder

Chairman

Permit Number: AMR-ST-2023-P1
Permit Fee: \$ 50.00