



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

INCORPORATED NONPROFIT AMBULANCE SERVICE

Name of Corporation _____
Name of Ambulance Service _____
Physical Location _____
Mailing Address _____

The statute reads, "Incorporated nonprofit ambulance service."

Is the ambulance service incorporated? Yes ___ No ___

Has the ambulance service received 501(c) nonprofit status from the IRS? Yes ___ No ___

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

Note: All information included with this application is subject to VERIFICATION by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify under the pains and penalties of perjury that, _____
is an incorporated nonprofit ambulance service. I therefore request that a sales/use tax exemption
certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (26) and 08-125 CMR
302..

Date: _____

Signature: _____

Tel: _____

Print Name: _____

Fed ID: _____

Title: _____

Date Facility Opened: _____

ST-R-24 (Rev 10/05)