Restricted (non-emergency) Ambulance Service Licence Variation Form

Please return the completed form to [health.licensing@sa.gov.au](mailto:health.licensing@sa.gov.au) should you require a variation in you Restricted Ambulance Service Licence. Further information or evidence may be sought in support of licence variation requests.

Please visit the [SA Health Ambulance Licensing](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+governance+and+leadership/health+licensing/ambulance+licensing) page for further information including the associated licence fees.

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| **Full name of licence holder** |  |
| **Registered business name** |  |
| **ABN/ACN** |  |
| **Registered business Address** |  |
| **Industrial Site Address (if applicable):** |  |
| **Briefly describe why a licence variation is required?** |  |
| **Please provide detailed information regarding the variation**  *Supporting evidence must be provided* |  |
| **Declaration**  **Signature**  **Date** | / /20 |
| **Name & Title** |  |
| **Email** |  |
| **Phone** |  |