



STATE OF MAINE
 MAINE REVENUE SERVICES
 24 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0024

Rebecca M. Wyke
 COMMISSIONER
 DEPARTMENT OF
 ADMINISTRATIVE & FINANCIAL SERVICES

John Elias Baldacci
 GOVERNOR

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 ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
 FOR AN 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 ___
Send a copy of the articles of incorporation

Has the ambulance service received 501(c) nonprofit status from the IRS? Yes ___ No ___
Send a copy of the IRS determination letter indicating 501(c) nonprofit status

- 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

I hereby certify 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

