



**LOCAL GOVERNMENT ACKNOWLEDGEMENT of**  
**COMPLIANCE WITH EMS RESPONSE PLAN**

\_\_\_\_\_ has applied for EMS Agency Licensure  
*(Print EMS Agency Name)*  
**with the Virginia Office of Emergency Medical Services.**

Pursuant to the provisions of the *Virginia EMS Regulations*, specifically:

**12VAC5-31-610. Designated emergency response agency standards.**

I certify the above named agency is compliant with approved local EMS Response Plan.

\_\_\_\_\_  
*(Printed Name of Local Government Official)*

\_\_\_\_\_  
*(Signature of Local Government Official)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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