



## CAAS GVS - FSAM REGISTRATION

Manufacturer(FSAM):

Address:

City:  State:  Zip:

Website:

Phone:

NHTSA Registration: **(Provide Number - Mandatory)**

*The following FSAM employees are authorized to act on behalf of our company in transactions with CAAS GVS:*

Authorized representative #1 name and title:

Authorized representative #1 email:

Authorized representative #2 name and title:

Authorized representative #2 email:

*By completing this registration, FSAM attests that they will comply with all verification and certification requirements for GVS vehicles they produce and certify. Details for compliance are fully outlined in CAAS GVS Section D.*

*I acknowledge that CAAS GVS provides no recommendation or validation of any ambulance manufacturer or their certifications, and cannot be held responsible for any discrepancy, misunderstanding or misrepresentation by our company.*

I further authorize CAAS GVS to use our company name and logo for purposes of including us in any future listing of CAAS GVS registered FSAM companies.

*After completing the form above, please print and physically sign before mailing to the address below.*

Signed by Officer of the company:

Printed Name & Title:

Date:

SEND TO:

**CAAS GVS** • 1926 Waukegan Road, Suite 300, Glenview, Illinois 60025-1770  
Phone: 847.657.6828 • Fax: 847.657.6825 • [info@groundvehiclestandard.org](mailto:info@groundvehiclestandard.org)



# CAAS GVS - FSAM REGISTRATION

## ATTESTATION BY FSAM OF OWNERSHIP OF INSPECTION AND TEST VERIFICATIONS FOR EACH MODEL OFFERED AS REQUIRED BY GVS SECTION D.

Applicant hereby certifies that we own the following certified documentation of verifications for the tests required under Section D and D.3 for each type of ambulance intended to be marketed to the Emergency Medical Care industry as a "CAAS GVS V4.0" ambulance. Check each Type as applicable:

### **TYPE I – Both sets of tests required per D.6.1 for each model**

AMD STM TESTS

Name of lab

SAE TESTS

Name of lab

### **Type II - Both sets of tests required per D.6.1 for each model**

AMD STM TESTS

Name of lab

SAE TESTS

Name of lab

### **Type III - Both sets of tests required per D.6.1 for each model**

AMD STM TESTS

Name of lab

SAE TESTS

Name of lab

As an officer of the Final Stage Ambulance Manufacturer applying for registration with CAAS GVS I hereby attest that we have performed the tests and own the independent laboratory certifications for each type of ambulance offered as required by the standard.

CAAS GVS reserves the right to verify the above by requesting letters of certification as needed.

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Signed by Officer of the company:

Printed Name & Title:

Date:

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