

Global Medical Response, Inc. Certification Form

A. BASIC IDENTIFICATION DATA

Name of Bondholder / Broker-Dealer / Securities Analyst / Prospective Investor

Address (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Brief Description of Business

Email Address

B. INFORMATION FOR BONDHOLDERS / PROSPECTIVE INVESTORS

Broker / DTC Participant Name

Broker / DTC Participant Number

Debt Holding (Amount of type of notes (144A / RegS))

Other Relevant Information

C. INFORMATION FOR BROKER - DEALERS / SECURITIES ANALYSTS

Name of Associated Broker or Dealer

Business or Residence Address (Number and Street, City, State, Zip Code)

Reason for requesting Global Medical information

D. ACCESS AND CONFIDENTIALITY

The undersigned is being granted access to certain confidential information of Global Medical Response, Inc. contained on a secure web site, and understands and agrees that access to such secure site is subject to the following conditions:

All of the information of Global Medical Response, Inc. (the "Company") contained on the site is the Company's confidential information. The undersigned agrees (i) to use such information solely for the purpose of administrating and evaluating the undersigned's investment or potential investment (as applicable) in the Company's securities, (ii) to keep such information strictly confidential, and (iii) not to disclose such information to any other person in any manner, except to the extent that disclosure of such information (a) has been previously consented to in writing by the Company, (b) is required by applicable law, regulatory or legal process or (c) is made to the directors, officers, employees, affiliates, financing parties or advisors of the undersigned (or to any representatives of such advisors), who are obligated to maintain the confidentiality of such information in the same manner as the undersigned.

The person named above has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Name of Applicable Entity (Print or Type)	Signature	Date
Name of Signer (Print or Type)	Title of Signer (Print or Type)	