



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**APPLICATION FEE / DISCIPLINARY PAYMENT REMITTANCE**

All Information **MUST** be included. Incomplete applications **WILL NOT** be processed.

*(Please print legibly and use black or blue ink.)*

APPLICANT LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL
HOME ADDRESS			P.O. BOX	
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE	
HOME PHONE		WORK PHONE		
CERTIFICATION LEVEL	CERTIFICATION EXPIRATION DATE	CERTIFICATION NUMBER		
SOCIAL SECURITY NUMBER		Disclosure of social security number is mandatory pursuant to Ohio Revised Code 3123.50 in furtherance of licensing provisions and any other state or federal requirements.		
<input type="checkbox"/> <b>Application Fee (Dept. 703)</b> Amount _____  <input type="checkbox"/> <b>Disciplinary Payment</b> <input type="checkbox"/> EMS Service Provider (Dept. 702)                      Amount _____ <input type="checkbox"/> Fire Service Provider (Dept. 702)                      Amount _____				
APPLICANT SIGNATURE			DATE	
<b>X</b>				

**Please submit Check or Money Order made payable to:**

Ohio Treasurer of State

**Please mail all payments to:**

Ohio Department of Public Safety  
Attn: Remittance Processing  
P.O. BOX 16520  
Columbus, Ohio 43216-6520