



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO HOMELAND SECURITY – PI/SG

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http://www.homelandsecurity.ohio.gov/ohs_pisg.stm

PI/SG

PROVIDER BRANCH OFFICE APPLICATION

FEE: \$100.00

FILING INSTRUCTIONS

- This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.
- Fill out all applicable sections of this application. Incomplete applications, and/or applications that are filled out improperly, will be returned for correction.
- Complete only one form for each branch location.
- A check or money order for \$100.00, made payable to, Ohio Treasurer Kevin L. Boyce, **MUST** be remitted with this application. **CASH IS NOT ACCEPTED.**
- Remit a Certificate of Insurance reflecting the Provider Branch Office address.

MAIN OFFICE LICENSEE INFORMATION			
COMPANY NAME		LICENSEE FILE #	
DOING BUSINESS AS (DBA) NAME		FEDERAL TAX ID #	
PHYSICAL ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
DAYTIME PHONE #	FAX #	EMAIL ADDRESS	

BRANCH OFFICE LICENSEE INFORMATION			
PHYSICAL ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
DAYTIME PHONE #	FAX #	EMAIL ADDRESS	

MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
SELECT ADDRESS TO BE DISPLAYED TO THE PUBLIC <input type="checkbox"/> PHYSICAL ADDRESS <input type="checkbox"/> MAILING ADDRESS			

I AFFIRM THAT THE INFORMATION PROVIDED, WITHIN AND ATTACHED TO THIS APPLICATION, IS COMPLETE AND ACCURATE.		
QUALIFYING AGENT'S PRINTED NAME	QUALIFYING AGENT'S SIGNATURE	DATE
	X	