



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**CHANGE IN LEVEL OF SERVICE
MEDICAL TRANSPORTATION ORGANIZATION**

SERVICE NAME			SERVICE CODE
SERVICE ADDRESS			
CITY	STATE	COUNTY	ZIP CODE
CURRENT LEVEL OF SERVICE			
<input type="checkbox"/> BLS <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ALS <input type="checkbox"/> MoICU			
PROJECTED LEVEL OF SERVICE			
<input type="checkbox"/> BLS <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ALS <input type="checkbox"/> MoICU			
PROJECTED EFFECTIVE DATE			
CONTACT PERSON		CONTACT PHONE	

OTHER REQUIREMENTS

Check or Money Order in the amount of \$100.00 payable to Ohio Treasurer of State for Vehicle Notification Report and fees for required inspection(s) (if applicable).

Upon receipt of information and successful completion of inspection, Emergency Medical Services will issue a new certificate indicating the new Level of Service. NOTE: Expiration date for the license will not change.

CERTIFICATION

As the Owner, Operator, Chief, and / or Executive Officer of the Medical Transportation organization named in this application, I do hereby certify that all information provided is accurate and complete.

SIGNATURE OF OWNER / OPERATOR / CHIEF / EXECUTIVE OFFICER	DATE
X	

Send to: Ohio Department of Public Safety
Division of Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, OH 43218-2073

Phone: (800) 233-0785 Fax: (614) 466-9461

FOR STATE USE ONLY:

INSPECTOR ASSIGNED: _____

DATE INSPECTOR NOTIFIED: _____

DATE CERTIFICATE MAILED: _____