



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**DELETION OF AIRCRAFT**

SERVICE NAME			SERVICE CODE (6 DIGITS)
SERVICE ADDRESS			
CITY	STATE	COUNTY	ZIP CODE

**DESCRIPTION OF AIRCRAFT TO BE REMOVED FROM SERVICE LISTING**

EMS DECAL NUMBER (9 DIGITS)			
YEAR	MAKE AND MODEL		
TAIL NUMBER		DATE REMOVED	
REASON FOR REMOVAL			
EMS DECAL REMOVED AND ATTACHED TO THIS FORM Ohio Administrative Code: 4766-5-15		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, GIVE REASON			

**CERTIFICATION**

As the Owner, Operator, Chief, and / or Executive Officer of the Air 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 <b>X</b>	DATE
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**Return this form 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:**

Decal Attached:       YES       NO      \_\_\_\_\_ Initials

Date Removed from Listing: \_\_\_\_\_      \_\_\_\_\_ Initials

Comments: \_\_\_\_\_  
\_\_\_\_\_