



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

APPLICATION FOR AMBULANCE OR MOBILE INTENSIVE CARE LICENSE

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION:

RENEWAL

SERVICE CODE

DATE OF APPLICATION

NAME OF SERVICE

SERVICE MAILING ADDRESS

[REDACTED]		[REDACTED]
Street or P.O. Box	City	State/ZIP

SERVICE HEADQUARTERS ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

TYPE OF ENTITY:

- CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
 OTHER

FAX TELEPHONE NO.

E-MAIL ADDRESS

BUSINESS TELEPHONE NO.

CONTACT PERSON

EMERGENCY TELEPHONE NO.

OWNER/CHIEF/CEO

MEDICARE PROVIDER NO.

MEDICAID PROVIDER NO.

HIGHEST LEVEL OF SERVICE TO BE PROVIDED:

BLS ALS INTERMEDIATE (ALS) MoICU

LIST OF PRIMARY SERVICE AREA:

ATTACH ADDITIONAL SHEET IF REQUIRED

CHECK TYPE OF ORGANIZATION:

- | | | |
|--|---|---|
| <input type="checkbox"/> PRIVATE AMBULANCE | <input type="checkbox"/> NON-PROFIT PRIVATE | <input type="checkbox"/> UNIVERSITY |
| <input type="checkbox"/> FUNERAL HOME AMBULANCE | <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> HOSPITAL ALS |
| <input type="checkbox"/> PUBLIC SERVICE (PAID/VOLUNTEER) | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> HOSPITAL MoICU |

TOTAL NUMBER OF AMBULANCES

_____ BLS _____ ALS _____ MoICU _____ Non-Transport

TOTAL NUMBER OF TRANSPORTS
LAST CALENDAR YEAR

_____ BLS _____ ALS _____ MoICU

MEDICAL DIRECTOR:

NAME:

OHIO PHYSICIAN LICENSE NO.

LIST THE ADDRESS OF EACH SATELLITE SERVICE LOCATION:

IS INFORMATION CORRECT?

YES NO

Address	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

INSURANCE INFORMATION

Minimum Insurance in the amounts required by ORC 4766.06

YES NO

Attach a copy of the current Certificate of Insurance, including the notification of cancellation

Attach a color photograph of side of vehicle showing color scheme and logo

COMMUNICATION EQUIPMENT INFORMATION (F.C.C. 90.203)

DISPATCH CENTER MANNED 24 HOURS PER DAY

YES NO

TWO-WAY COMMUNICATION (DISPATCH)

YES NO

TWO-WAY COMMUNICATION (MEDICAL CONTROL)

YES NO

IS INFORMATION CORRECT?

LIST THE NAMES AND ADDRESSES OF CORPORATE OFFICERS AND/OR DIRECTORS:

YES NO

Name	Address	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CERTIFICATION OF APPLICATION INFORMATION

As the owner, operator, chief and/or executive officer of the Emergency Medical Service organization named in this application, I do hereby certify that all information provided in this application is accurate and complete.

SAMPLE

SIGNATURE OF OWNER/OPERATOR/CHIEF/EXECUTIVE OFFICER

DATE

ONLY

SEND THE APPLICATION AND ALL ATTACHMENTS TO:

Ohio Department of Public Safety
Division of Emergency Medical Services
1970 W. Broad St.
P.O. Box 182073
Columbus, OH 43218-2073
Phone: (800) 233-0785, (614) 466-9447
Fax: (614) 466-9461

NOT FOR

SUBMISSION

FOR STATE USE ONLY

	Date	Initials		
Application Sent	_____	_____	Field Inspector Assigned	_____
Complete	_____	_____		Name
Incomplete	_____	_____	Field Inspector Notified	_____
				Date
				Initials

VEHICLE COMPLIANCE STATEMENT

I, _____, owner/operator/chief/executive officer (circle as appropriate), of the Emergency Medical Service organization named in this application, certify that the vehicle(s) listed on this page meet or exceed the minimum national standard that was in effect on the date of manufacture of the vehicle. Upon request of the Ohio Emergency Medical Services, I agree to submit for review the Manufacturer's Certificate of Compliance. R.C. 4766.07(C).

SIGNATURE OF OWNER/OPERATOR/CHIEF/EXECUTIVE OFFICER

DATE

Ohio Administrative Code (OAC) 4766-2-02, 4766-4-02

LISTING OF ALL VEHICLES TO BE INSPECTED AND CERTIFIED
INDICATE TYPE: AMBULANCE (A), NON-TRANSPORT (N), MoICU (M)

(A COMPUTER PRINTOUT IN THIS FORMAT MAY BE SUBSTITUTED FOR THIS PAGE.)

Permit Number	Vehicle Year	Make	Model	VIN	Odometer	Plate	Vehicle Type	Dual Vehicle Certification Yes/No
21	2007	CHEVY	FLEET	██████████	267,339	██████	A	N
24	2009	CHEVY	3500	██████████	308,304	██████	A	N
26	2008	DODGE	SPRINTER	██████████	174,022	██████	A	N
27	2011	FORD	E350	██████████	148,974	██████	A	N
28	2007	CHEVY	SURB	██████████	112,036	██████	N	N
29	2010	CHEVY	C3500	██████████	160,097	██████	A	N
31	2012	FORD	E350	██████████	148,480	██████	A	N
33	2006	FORD	E350	██████████	183,271	██████	A	N
35	2014	FORD	E350	██████████	18,743	██████	A	N
36	2002	FORD	EXPEDITION	██████████	151,360	██████	N	N
37	2013	CHEVY	TAHOE	██████████	56,414	██████	N	N
38	2008	FORD	E 350	██████████	236,501	██████	A	N