



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

CHANGE OF ADDRESS

This information may also be updated online at <https://services.dps.ohio.gov/EMSProviders>

All information shall be included. Incomplete applications **WILL NOT** be processed.

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

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL
NEW ADDRESS			PO BOX	
CITY		STATE	ZIP CODE	COUNTY OF RESIDENCE
HOME PHONE	WORK PHONE	EXT	CELL PHONE	
E-MAIL		EMPLOYER		
CERTIFICATION #	SOCIAL SECURITY #	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.		

By submitting this form I attest that I am the individual named above and I authorize the Division of EMS to make this change to my record.

PRINTED NAME	SIGNATURE X	DATE
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Please Mail Completed Forms To:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
1970 West Broad St., P.O. Box 182073
Columbus, OH 43218-2073
or
Fax to: (614) 466-9461
or
E-mail to: ems-firecertifications@dps.ohio.gov