



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS CHANGE OF ADDRESS**

SERVICE NAME			SERVICE CODE
OLD LOCATION AND ADDRESS	CITY	STATE	ZIP CODE
NEW LOCATION AND ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	CONTACT PHONE		PROJECTED OPENING DATE
MEDICARE NUMBER (IF APPLICABLE)	MEDICAID NUMBER (IF APPLICABLE)		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

An MTO shall not commence operations from its headquarters or satellite(s) until the MTO has met all requirements set forth in Chapter 4766 of the Ohio Revised Code and Administrative Code including satisfactory inspections of all physical locations.

**CERTIFICATION OF APPLICATION INFORMATION**

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 in this application is accurate and complete.

SIGNATURE OF OWNER / OPERATOR / CHIEF / EXECUTIVE OFFICER	DATE
<b>X</b>	

**SEND 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  
Fax (614) 466-9461

<b>FOR STATE USE ONLY</b>	
Inspector Assigned _____	Date Inspector Notified _____
Date Certificate Mailed _____	