



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**ADDITIONAL AMBULANCE /
MOICU / NON-TRANSPORT VEHICLE**

NAME OF SERVICE			SERVICE CODE	
LOCATION OF INSPECTION		CITY	STATE	ZIP CODE
CONTACT PERSON			CONTACT PHONE	

If vehicle is to be dual permitted check both boxes AMB and MICU

EMS NO.	YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	ODOMETER READING	AMB	MICU	NON- TRANS
FOR							
STATE							
USE							
ONLY							

All ambulances must meet or exceed the minimum national standard that was in effect on the date of manufacture of the vehicle. A manufacturer's placard or label must be affixed to the vehicle indicating conformance.
Ohio Revised Code (R.C.) 4766.07(C)(2).

Before being placed in service, the vehicle(s) must pass inspection by the Division of Emergency Medical Services.

A check or money order must accompany this form. The fee is \$200.00 per vehicle except for services that meet the requirements of R.C. 4766.10 and Ohio Administrative Code 4766-2-03.
Make check or money order payable to: **Ohio Treasurer of State.**

AUTHORIZED AGENT SIGNATURE X	DATE COMPLETED
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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

FOR STATE USE ONLY			
Inspector Assigned	_____	Date Inspector Notified	_____
Fee Paid	_____	Date Decal Sent	_____