



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**ADDITIONAL AMBULETTE**

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

EMS NO.	YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	ODOMETER READING
FOR				
STATE				
USE				
ONLY				

**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 \$100.00 per vehicle

Make check or money order payable to: **Ohio Treasurer of State.**

AUTHORIZED AGENT SIGNATURE <b>X</b>	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

<b>FOR STATE USE ONLY</b>			
Inspector Assigned	_____	Date Inspector Notified	_____
Fee Paid	_____	Date Decal Sent	_____