



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

ADDITIONAL AIRCRAFT

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

EMS NO.	YEAR	MAKE / MODEL	AIRCRAFT TAIL NUMBER	HOURS	FIXED WING	ROTOR WING
FOR						
STATE						
USE						
ONLY						

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

A check or money order must accompany this form. The fee is \$200.00 per aircraft.

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	_____