



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

APPLICATION FOR AMBULETTE LICENSE

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION: **RENEWAL**

SERVICE CODE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

NAME OF SERVICE \_\_\_\_\_

SERVICE MAILING ADDRESS	_____	_____	OH _____
	Street or P.O. Box	City	State/ZIP

SERVICE HEADQUARTERS ADDRESS (IF DIFFERENT) \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

TYPE OF ENTITY:  CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  
 OTHER

FAX TELEPHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NO. \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

EMERGENCY TELEPHONE NO. \_\_\_\_\_

OWNER/CHIEF/CEO \_\_\_\_\_

MEDICARE PROVIDER NO. \_\_\_\_\_

MEDICAID PROVIDER NO. \_\_\_\_\_

HIGHEST LEVEL OF SERVICE TO BE PROVIDED: \_\_\_\_\_ AMBULETTE

LIST OF PRIMARY SERVICE AREA:

ATTACH ADDITIONAL SHEET IF REQUIRED

OH COLUMBIANA OH MAHONING OH TRUMBULL

CHECK TYPE OF ORGANIZATION:

PRIVATE AMBULETTE  PUBLIC SERVICE  HOSPITAL BASED  NON-PROFIT PRIVATE

TOTAL NUMBER OF AMBULETTES \_\_\_\_\_

TOTAL NUMBER OF WHEELCHAIR TRANSPORTS LAST CALENDAR YEAR \_\_\_\_\_

SAMPLE

**INSURANCE INFORMATION**

Minimum Insurance in the amounts required by ORC 4766.06

YES  NO

Attach a copy of the current Certificate of Insurance, including the notification of cancellation

Attach a color photograph of side of vehicle showing color scheme and logo

**COMMUNICATION EQUIPMENT INFORMATION (F.C.C. 90.203)**

DISPATCH CENTER MANNED 24 HOURS PER DAY

YES  NO

TWO-WAY COMMUNICATION (DISPATCH)

YES  NO

IS INFORMATION CORRECT?

LIST THE NAMES AND ADDRESSES OF CORPORATE OFFICERS AND/OR DIRECTORS:

YES  NO

Name	Address	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**CERTIFICATION OF APPLICATION INFORMATION**

As the owner, operator, chief and/or executive officer of the Non-Emergency Medical Service organization named in this application, I do hereby certify that all information provided in this application is accurate and complete.

**SAMPLE**  
SIGNATURE OF OWNER/OPERATOR/CHIEF/EXECUTIVE OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**SEND THE APPLICATION AND ALL ATTACHMENTS 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, (614) 466-9447  
Fax: (614) 466-9461

**FOR STATE USE ONLY**

	Date	Initials		
Application Sent	_____	_____	Field Inspector Assigned	_____
Complete	_____	_____	Field Inspector Notified	Name _____
Incomplete	_____	_____		Date _____ Initials _____

**VEHICLE COMPLIANCE STATEMENT**

I, \_\_\_\_\_, owner/operator/chief/executive officer (circle as appropriate), of the Non-Emergency Medical Service organization named in this application, certify that the ambulances listed on this page meet or exceed the minimum criteria for the roadworthiness and equipment as defined by Ohio Revised Code 4766 and Ohio Administrative Code (OAC) 4766-3.

\_\_\_\_\_  
SIGNATURE OF OWNER/OPERATOR/CHIEF/EXECUTIVE OFFICER

\_\_\_\_\_  
DATE

**SAMPLE**

Ohio Administrative Code (OAC) 4766-3-02

**LISTINGS OF ALL VEHICLES TO BE INSPECTED AND CERTIFIED**

(A COMPUTER PRINTOUT IN THIS FORMAT MAY BE SUBSTITUTED FOR THIS PAGE.)

Permit Number	Vehicle Year	Make	Model	VIN	Odometer	Plate	Vehicle Type
10	2001	FORD	E250	██████████	307,686	██████	AMBULETTE
12	2001	FORD	E250	██████████	298,535	██████	AMBULETTE
17	2011	FORD	E150	██████████	142,547	██████	AMBULETTE
18	2012	FORD	E150	██████████	111,636	██████	AMBULETTE
19	2012	FORD	VAN	██████████	93,151	██████	AMBULETTE
20	2012	FORD	VAN	██████████	97,692	██████	AMBULETTE
21	2012	FORD	VAN	██████████	112,212	██████	AMBULETTE
22	2003	FORD	E350	██████████	181,841	██████	AMBULETTE
23	2012	FORD	ECO	██████████	79,505	██████	AMBULETTE
24	2013	FORD	E150	██████████	62,683	██████	AMBULETTE
25	2013	FORD	E150	██████████	56,667	██████	AMBULETTE
26	2013	FORD	E150	██████████	76,330	██████	AMBULETTE
27	2001	FORD	25V	██████████	87,341	██████	AMBULETTE
28	2014	FORD	E150	██████████	59,885	██████	AMBULETTE
29	2003	FORD	E350	██████████	149,942	██████	AMBULETTE
30	2014	FORD	E150	██████████	28,165	██████	AMBULETTE
33	2010	FORD	ECONOLINE	██████████	39,234	██████	AMBULETTE
34	2014	FORD	E150	██████████	180,875	██████	AMBULETTE
35	2014	FORD	E150	██████████	14,262	██████	AMBULETTE
36	2014	FORD	E150	██████████	136,120	██████	AMBULETTE
37	2014	FORD	E150	██████████	85	██████	AMBULETTE
38	2014	FORD	E 150	██████████	691	██████	AMBULETTE
39	2016	FORD	TRANSIT 15	██████████	2,175	██████	AMBULETTE