



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

APPLICATION FOR AIR MEDICAL LICENSE

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION: RENEWAL

SERVICE CODE

DATE OF APPLICATION

NAME OF SERVICE

SERVICE MAILING ADDRESS table with columns: Street or P.O. Box, City, State/ZIP

SERVICE HEADQUARTERS ADDRESS (IF DIFFERENT) table with columns: 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: AIR MEDICAL

LIST OF PRIMARY SERVICE AREA:

ATTACH ADDITIONAL SHEET IF REQUIRED

- List of Ohio counties: ADAMS, ALLEN, ASHTABULA, ATHENS, AUGLAIZE, BELMONT, BROWN, BUTLER, CARROLL, CHAMPAIGN, CLARK, CLERMONT, CLINTON, COLUMBIANA, COSHOCTON, CRAWFORD, CUYAHOGA, DARKE, DEFIANCE, DELAWARE, ERIE, FAIRFIELD, FAYETTE, FRANKLIN, FULTON, GALLIA, GEauga, GREENE, GUERNSEY, HAMILTON, HANCOCK, HARDIN, HARRISON, HENRY, HIGHLAND, HOCKING, HOLMES, HURON, JACKSON, JEFFERSON, KNOX, LAKE, LAWRENCE, LICKING, LOGAN, LORAIN, LUCAS, MADISON, MAHONING, MARION, MEDINA, MEIGS, MERCER, MIAMI, MONROE, MONTGOMERY, MORGAN, MORROW, MUSKINGUM, NOBLE, OTTAWA, PAULDING, PERRY, PICKAWAY, PIKE, PORTAGE, PREBLE, PUTNAM, RICHLAND, ROSS, SANDUSKY, SCIOTO, SENECA, SHELBY, STARK, SUMMIT, TRUMBULL, TUSCARAWAS, UNION, VAN WERT, VINTON, WARREN, WASHINGTON, WAYNE, WILLIAMS, WOOD, WYANDOT

CHECK TYPE OF ORGANIZATION:

- PRIVATE, UNIVERSITY, INDUSTRIAL, PUBLIC SERVICE, HOSPITAL, NON-PROFIT PRIVATE

TOTAL NUMBER OF AIRCRAFT: FIXED WING, ROTOR WING

TOTAL NUMBER OF TRANSPORTS LAST CALENDAR YEAR: FIXED WING, ROTOR WING

MEDICAL DIRECTOR:

NAME: [REDACTED]

OHIO PHYSICIAN LICENSE NO. [REDACTED]

LIST THE ADDRESS OF EACH SATELLITE SERVICE LOCATION:

IS INFORMATION CORRECT?

YES  NO

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

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

TWO-WAY COMMUNICATION (MEDICAL CONTROL)

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]
[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 Air Medical Service 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

**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	_____
Incomplete	_____	_____		_____
				_____
				_____

**SUBMISSION**

**VEHICLE COMPLIANCE STATEMENT**

I, \_\_\_\_\_, owner/operator/chief/executive officer (circle as appropriate), of the Air Medical Service organization named in this application, certify that the aircraft listed on this application meet the minimum Ohio and federal standards.

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

\_\_\_\_\_  
DATE

Ohio Administrative Code (OAC) 4766-5-02

LISTING OF ALL AIRCRAFT TO BE INSPECTED AND CERTIFIED  
INDICATE TYPE: FIXED WING (F), ROTOR WING (R)

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

Permit Number	Vehicle Year	Make	Model	Aircraft Tail Number	Hours On Aircraft	Aircraft Type
14	2005	ECD	BK-117C2	██████	7,013	ROTOR
21	2007	EDG	EC-135T2	██████	4,633	ROTOR
23	2006	EC	EC-135T2	██████	5,383	ROTOR
24	2006	BK	BK-117C2	██████	5,919	ROTOR
26	2006	BK	BK-117C2	██████	5,930	ROTOR
27	2007	EC	EC-135T2	██████	5,709	ROTOR
28	2009	EC	135T2	██████	3,845	ROTOR
30	2010	EC	135T2	██████	2,817	ROTOR
31	2010	EC	135-T2	██████	3,626	ROTOR
32	2010	EC	135-T2	██████	2,760	ROTOR
33	2010	EC	135-T2+	██████	3,226	ROTOR
34	2012	EUROCOPTER	BK-117C2	██████	2,054	ROTOR
35	2012	EUROCOPTER	EC135	██████	2,128	ROTOR
36	2012	EC	135T2	██████	2,553	ROTOR
37	2012	EC	135T2	██████	2,788	ROTOR
38	2006	EC	135-T2+	██████	5,308	ROTOR
39	2015	EC 135	T2+	██████	1,201	ROTOR
40	2015	EC 135	T2+	██████	1,205	ROTOR

NOT FOR SUBMISSION