



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**APPLICATION FOR AIR MEDICAL LICENSE**

Incomplete applications **WILL NOT** be processed.  
Required fields, as indicated by an asterisk (\*), must be completed.

**TYPE OR PRINT CLEARLY**

TYPE OF APPLICATION <b>NEW</b>
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NAME OF SERVICE*		DBA's AND / OR TRADE NAME (Attach additional sheets as required)		
MTO HEADQUARTERS STREET ADDRESS*	CITY*	STATE*	ZIP CODE*	COUNTY*
MTO MAILING ADDRESS (IF DIFFERENT)	CITY		STATE	ZIP CODE
TAX ID NUMBER OR EIN*	BUSINESS PHONE NUMBER*		FAX NUMBER	
PRIMARY CONTACT PERSON*	E-MAIL ADDRESS*		PHONE NUMBER*	
SECOND CONTACT PERSON	E-MAIL ADDRESS		PHONE NUMBER	
THIRD CONTACT PERSON	E-MAIL ADDRESS		PHONE NUMBER	
MEDICARE PROVIDER NUMBER		MEDICAID PROVIDER NUMBER		
HIGHEST LEVEL SERVICE TO BE PROVIDED <b>AIR MEDICAL</b>				

**LIST PRIMARY OHIO SERVICE AREA\*** (Attach additional sheet if required)

<input type="checkbox"/> Mark this box if ALL Ohio counties.	OHIO COUNTY
OHIO COUNTY	OHIO COUNTY

**CHECK TYPE OF ORGANIZATION\*** (Choose only one)

<input type="checkbox"/> Privately Owned	<input type="checkbox"/> Publicly Owned	<input type="checkbox"/> University	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
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**TOTAL NUMBER OF AIRCRAFT\***

FIXED WING	ROTOR WING
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**TOTAL NUMBER OF TRANSPORTS LAST CALENDAR YEAR\***

FIXED WING	ROTOR WING
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**TYPE OF TRANSPORTS\*** (Choose only one)

<input type="checkbox"/> Scheduled Non-Emergent Transports Only
<input type="checkbox"/> Emergent Transports Only (Includes 911, Interfacility And Nursing Home)
<input type="checkbox"/> Both Emergent And Scheduled Transports

**LIST NAMES OF OWNER(S) OR CHIEFS / CORPORATE OFFICERS AND / OR DIRECTORS\*** (Attach additional sheet if required)

NAME	TITLE	E-MAIL ADDRESS	PHONE NUMBER
NAME	TITLE	E-MAIL ADDRESS	PHONE NUMBER
NAME	TITLE	E-MAIL ADDRESS	PHONE NUMBER

**MEDICAL DIRECTOR\***

NAME	OHIO PHYSICIAN LICENSE NUMBER	
ADDRESS	E-MAIL ADDRESS	PHONE NUMBER

**LIST THE ADDRESS OF EACH SATELLITE SERVICE LOCATION** (Attach additional sheet if required)

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	# VEHICLES
CONTACT PERSON		E-MAIL ADDRESS		PHONE NUMBER	

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	# VEHICLES
CONTACT PERSON		E-MAIL ADDRESS		PHONE NUMBER	

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	# VEHICLES
CONTACT PERSON		E-MAIL ADDRESS		PHONE NUMBER	

**REQUIRED INFORMATION\***

Minimum Insurance in the amounts required by Ohio Revised Code (R.C.) 4766.06

**Attach a copy of the current Certificate of Insurance, including the notice of cancellation.**

**General Liability Coverage**

**Vehicle Liability Coverage**

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

**Attach blank trip report.**

**COMMUNICATION EQUIPMENT INFORMATION\***

Two-Way Communication (Dispatch)  YES  NO

Two-Way Communication (Medical Control)  YES  NO

Dispatch Center Manned 24 Hours Per Day  YES  NO

**CERTIFICATION OF APPLICATION INFORMATION\***

As the Owner, Operator, Chief, and / or Executive Officer of the 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 <b>X</b>	DATE
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**SEND THIS APPLICATION AND ALL ATTACHMENTS TO:**

Ohio Department of Public Safety  
 Division of Emergency Medical Services  
 1970 W. Broad St.  
 Columbus, OH 43223  
 Phone (800) 233-0785 or (614) 466-9447  
 Fax (614) 466-9461

Ohio Administrative Code (O.A.C.) 4766-5-02  
 Listing of all aircraft to be inspected and permitted  
 Indicate Type: **Fixed Wing** or **Rotor Wing**

(A computer printout in this format may be substituted for this page.)

**NOTE: IF SUBMITTING A COMPUTER PRINTOUT, YOU MUST ATTACH THIS PAGE WITH THE VEHICLE COMPLIANCE STATEMENT COMPLETED.**

EMS PERMIT#	YEAR*	MAKE*	MODEL*	AIRCRAFT TAIL #*								HOURS ON AIRCRAFT*	AIRCRAFT TYPE*	
EXAMPLE	2000	AIRBUS	EC-135	N	4	5	K	L					1989	ROTOR WING

**VEHICLE COMPLIANCE STATEMENT\***

I, \_\_\_\_\_, Owner / Operator / Chief / Executive Officer (circle as appropriate), of the organization named in this application, certify that the aircraft listed on this application meets the minimum Ohio and federal standards.

SIGNATURE OF OWNER / OPERATOR / CHIEF / EXECUTIVE OFFICER <b>X</b>	DATE
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