



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

NEW

NAME OF SERVICE*		DBA's AND / OR TRADE NAME (Attach additional sheets as required)		
MTD HEADQUARTERS STREET ADDRESS*	CITY*	STATE*	ZIP CODE*	COUNTY*
MTD 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 AIR MEDICAL				

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 X	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 X	DATE
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