



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

APPLICATION FOR NEW SATELLITE

SERVICE NAME	SERVICE CODE
CONTACT PERSON	PHONE

SATELLITE LOCATION

ADDRESS OF SATELLITE LOCATION		CITY	STATE	ZIP CODE
COUNTY	MEDICARE PROVIDER NUMBER	MEDICAID PROVIDER NUMBER	PROJECTED OPENING DATE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE
ADDRESS OF SATELLITE LOCATION		CITY	STATE	ZIP CODE
COUNTY	MEDICARE PROVIDER NUMBER	MEDICAID PROVIDER NUMBER	PROJECTED OPENING DATE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP CODE

An MTO shall not commence operations from its headquarters or satellite(s) until the MTO has met all requirements set forth in Chapter 4766 of the Ohio Revised Code and Administrative Code including satisfactory inspections of all physical locations.

CERTIFICATION OF APPLICATION INFORMATION

As the Owner, Operator, Chief, and / or Executive Officer of the Emergency Medical Transportation 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 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 _____
Date Certificate Mailed _____	