



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

ADDITIONAL AMBULETTE

NAME OF SERVICE			SERVICE CODE	
LOCATION OF INSPECTION		CITY	STATE	ZIP CODE
CONTACT PERSON			CONTACT PHONE	

EMS NO.	YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	ODOMETER READING
FOR				
STATE				
USE				
ONLY				

Before being placed in service, the vehicle(s) must pass inspection by the Division of Emergency Medical Services.

A check or money order must accompany this form. The fee is \$100.00 per vehicle
Make check or money order payable to: **Ohio Treasurer of State.**

AUTHORIZED AGENT SIGNATURE X	DATE COMPLETED
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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	_____
Fee Paid	_____	Date Decal Sent	_____