



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**TEMPORARY AMBULANCE /  
MOICU / NON-TRANSPORT VEHICLE**

SERVICE NAME		SERVICE CODE	
SERVICE ADDRESS	CITY	STATE	ZIP CODE

**VEHICLE INFORMATION**

VIN OF PERMITTED VEHICLE	OUT OF SERVICE DATE
VIN OF TEMPORARY VEHICLE	IN SERVICE DATE

Brief description of reason the permitted vehicle was temporarily taken out of service for repair or maintenance:

**CERTIFICATION**

I \_\_\_\_\_ certify the temporary vehicle listed above is in compliance with Ohio Administrative Code 4766 for ambulances, non-transport vehicles, or MOICUs. A fee of \$100.00 is enclosed. I further understand this permit is issued to the vehicle listed above for one-time use. This permit expires on the date the permitted vehicle is returned to service up to a maximum of 60 days whichever is sooner.

SIGNATURE OF SERVICE REPRESENTATIVE

X

DATE

**TEMPORARY VEHICLE PERMIT**

A Temporary Vehicle Permit to operate the vehicle listed above is hereby granted. Upon expiration return this permit to the Emergency Medical Services.

SIGNATURE OF EMS REPRESENTATIVE

X

EXPIRATION DATE

**SEND THIS APPLICATION 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

**(EMS SEAL)**