



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

TEMPORARY AMBULETTE APPLICATION

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 Rule 4766-3-12 paragraph (D). A Fee of \$50.00 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	DATE
X	

Temporary Vehicle Permit

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

SIGNATURE OF EMS REPRESENTATIVE	EXPIRATION DATE
X	

(SEAL)

Send To:

Ohio Department of Public Safety
Division of Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, OH 43218-2073

Phone: (800) 233-0785 Fax: (614) 466-9461