



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
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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