# DELETION OF VEHICLE

<table>
<thead>
<tr>
<th>SERVICE NAME</th>
<th>SERVICE CODE (6 DIGITS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

## DESCRIPTION OF VEHICLE TO BE REMOVED FROM SERVICE LISTING

- **EMS DECAL NUMBER (9 DIGITS)**
- **YEAR**
- **MAKE AND MODEL**
- **VEHICLE IDENTIFICATION NUMBER (VIN)**
- **LICENSE PLATE NUMBER**
- **DATE REMOVED**
- **REASON FOR REMOVAL**

**EMS DECAL REMOVED AND ATTACHED TO THIS FORM**
Ohio Administrative Code: 4766-2-15, 4766-3-15, 4766-4-15

☐ YES  ☐ NO

**IF NO, GIVE REASON**

## CERTIFICATION

As the Owner, Operator, Chief, and / or Executive Officer of the Medical Transportation organization named in this application, I do hereby certify that all information provided is accurate and complete.

**SIGNATURE OF OWNER / OPERATOR / CHIEF / EXECUTIVE OFFICER**

X

**DATE**

Return this form 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

## FOR STATE USE ONLY:

- **Decal Attached:**  ☐ YES  ☐ NO  ____________ Initials
- **Date Removed from Listing:** ____________  ____________ Initials
- **Comments:** __________________________________________

EMS 4012 4/16 [SAN]