



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**DELETION OF VEHICLE**

SERVICE NAME			SERVICE CODE (6 DIGITS)
SERVICE ADDRESS			
CITY	STATE	COUNTY	ZIP CODE

**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	
<input type="checkbox"/> YES <input type="checkbox"/> 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 <b>X</b>	DATE
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**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: \_\_\_\_\_  
\_\_\_\_\_