**DELETION OF AIRCRAFT**

<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 AIRCRAFT TO BE REMOVED FROM SERVICE LISTING**

<table>
<thead>
<tr>
<th>EMS DECAL NUMBER (9 DIGITS)</th>
<th>YEAR</th>
<th>MAKE AND MODEL</th>
<th>TAIL NUMBER</th>
<th>DATE REMOVED</th>
<th>REASON FOR REMOVAL</th>
</tr>
</thead>
</table>

EMS DECAL REMOVED AND ATTACHED TO THIS FORM
Ohio Administrative Code: 4766-5-15

☐ YES ☐ NO

IF NO, GIVE REASON

**CERTIFICATION**

As the Owner, Operator, Chief, and / or Executive Officer of the Air 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: ____________________________________________________________