



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

DELETION OF AIRCRAFT

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

DESCRIPTION OF AIRCRAFT TO BE REMOVED FROM SERVICE LISTING

EMS DECAL NUMBER (9 DIGITS)			
YEAR	MAKE AND MODEL		
TAIL NUMBER	DATE REMOVED		
REASON FOR REMOVAL			
EMS DECAL REMOVED AND ATTACHED TO THIS FORM Ohio Administrative Code: 4766-5-15		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, GIVE REASON			

CERTIFICATION

As the Owner, Operator, Chief, and / or Executive Officer of the 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	DATE
X	

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: _____
