



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**LICENSE APPLICATION CHECKLIST**

Use this checklist to make sure the application is complete before mailing.

Only completed applications will be accepted.

**APPLICATION**

- Filled out completely with correct information, signed and dated.
- Federal Tax ID Number or E.I.N.**

**ATTACHMENTS**

- List of all Ambulette drivers and their date of hire (**Ambulette Only**).
- Copy of blank trip / run report.
- Color photograph of vehicle logo.

**CERTIFICATE OF INSURANCE**

- General Liability (Minimum \$500,000 each occurrence and General Aggregate\*).
- Vehicle Liability (Minimum \$350,000 combined single limit each occurrence or Minimum \$100,000 bodily injury per person, \$300,000 per accident, \$50,000 property damage per accident\*).
- Insureds name and address is the same as on the application and 30-day cancellation notice.
- State Board of Emergency Medical, Fire, and Transportation Services** listed as certificate holder on insurance documents. Certificate holder address is 1970 West Broad Street, Columbus, OH 43223 **OR** P.O. Box 182073, Columbus, OH 43218-2073.

**FEES** (see chart below)

- Check or money order made payable to: **Ohio Treasurer of State.**

**FEE CHART - Fees are non-refundable and consist of License Fee + (Permit Fee x Number of Vehicles)**

**\*Example:** Non-emergency medical service organization with 3 ambulettes  
\$100 License Fee + (\$100 per vehicle fee x 3), \$100 + \$300 = Total Due \$400

**EMERGENCY MEDICAL SERVICE ORGANIZATION**

|  |           |
|--|-----------|
| LICENSE FEE  | \$ 100    |
| <b>and</b>   |           |
| AMBULANCE PERMIT FEE (PER VEHICLE)<br>Number of Vehicles: _____ x \$200 =      | \$        |
| MOICU PERMIT FEE (PER VEHICLE)<br>Number of Vehicles: _____ x \$200 =          | \$        |
| NON-TRANSPORT VEHICLE FEE (PER VEHICLE)<br>Number of Vehicles: _____ x \$200 = | \$        |
| <b>TOTAL DUE</b>   | <b>\$</b> |

**NON-EMERGENCY MEDICAL SERVICE ORGANIZATION**

|   |           |
|---|-----------|
| LICENSE FEE   | \$ 100    |
| <b>and</b>  |           |
| AMBULETTE PERMIT FEE (PER VEHICLE)<br>Number of Vehicles: _____ x \$100 = | \$        |
| <b>TOTAL DUE</b>  | <b>\$</b> |

**If we can assist you with this application or if you have any questions, please call us at (800) 233-0785.**