



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AIR MEDICAL 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

- Copy of blank trip/run report.
- Color photograph of vehicle logo.

CERTIFICATE OF INSURANCE

- General Liability (Minimum \$20,000,000 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 Aircraft)

***Example:** Air medical service organization with 3 aircraft
 \$100 License Fee + (\$200 per aircraft fee x 3)
 \$100 + \$600 = Total Due \$700

AIR MEDICAL SERVICE ORGANIZATION

LICENSE FEE	\$ 100
and	
AIRCRAFT PERMIT FEE (PER AIRCRAFT) Number of Aircraft: _____ x \$200 =	\$
TOTAL DUE	\$

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