

**Ohio Department of Public Safety  
Division of Emergency Medical Services**



**Medical Transportation Licensing System  
Ambulette New Service Application - User Guide**



*January 2020*

## **Contents**

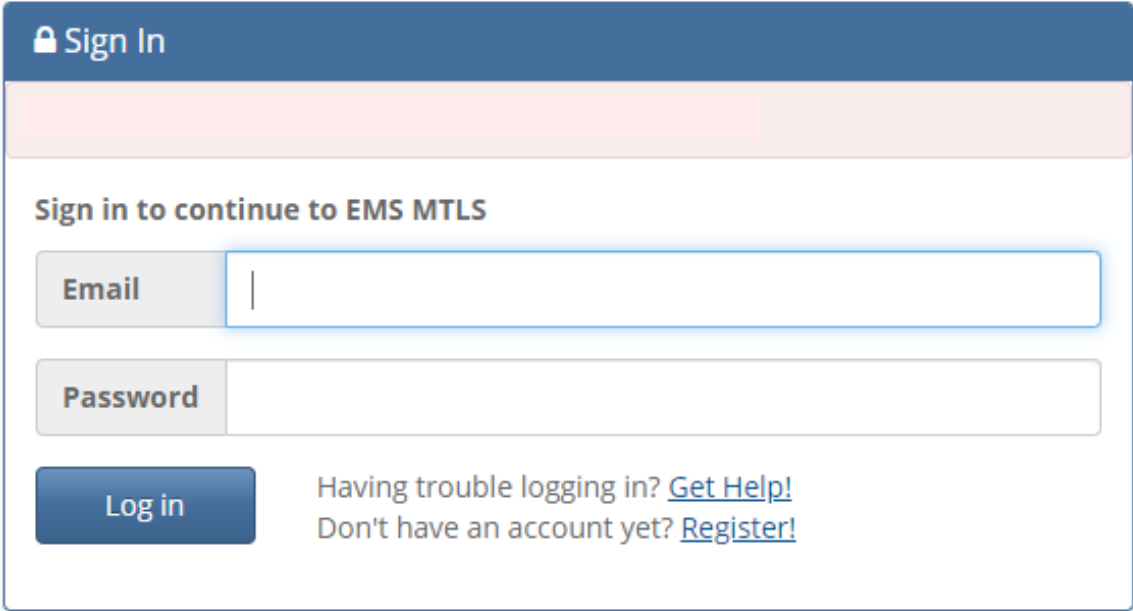
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## Identity Manager

Log into Identity Manager using the following link: <https://services.dps.ohio.gov/EMSMTLS/>

If you have not registered with Identity Manager you will need to do so before you can proceed.

For help registering, go the Ohio EMS webpage, Medical Transportation section, then **MTLS Online “How To”** for information.



The screenshot shows the ODPS Identity Manager login interface. At the top, the title "ODPS Identity Manager" is displayed in a large blue font, with the subtitle "Single sign-on for the Ohio Department of Public Safety" in a smaller grey font below it. The main login area is enclosed in a white box with a blue border. It features a dark blue header bar with a white lock icon and the text "Sign In". Below this is a light pink horizontal bar. The main content area has the heading "Sign in to continue to EMS MTLS". There are two input fields: "Email" and "Password", each with a grey label and a white input box. Below the "Email" field is a blue "Log in" button. To the right of the button, there are two lines of text: "Having trouble logging in? [Get Help!](#)" and "Don't have an account yet? [Register!](#)".

## MTLS Online System Home Page

Home /

**New Service Application**  
To submit new service application.

**My Profile**  
To view your user profile and request access to additional service(s).

**Active / Pending Service Application(s)**

Service Code	Service Name	Type of service	Effective Date	Expiration Date	Status	Action
--------------	--------------	-----------------	----------------	-----------------	--------	--------

**Submitted / In process Application**

Service Code	Service Name	Type of service	Effective Date	Expiration Date	Status	Action
--------------	--------------	-----------------	----------------	-----------------	--------	--------

Question regarding the EMS MTLS, please email: [medicaltransportation@dps.ohio.gov](mailto:medicaltransportation@dps.ohio.gov) Or call 800.233.0785 and ask for an EMS MTLS Coordinator  
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## Overview

1. New Services Application
  - To apply for a new Ambulette, Ambulance/MoICU or Air Medical license.
2. Manage Access
  - This area allows the administrator to grant access to add up to 3 users.
    - *This option will only appear IF you are the admin of a service.*
3. My Profile
  - To request access to be the administrator of an existing service.
4. Active / Pending Application(s)
  - This area displays the service(s) that you have access to.  
*NOTE: Hovering over the "Action" area will allow you to:*
    1. View details of the application
    2. Update the application
    3. Show when you are eligible to renew
5. Submitted / In Process Application(s)
  - This area shows pending, draft or in process applications.

## Apply for a new Medical Transportation License

### New Service Application

To submit new service application.

- The following pop up box will automatically appear. The pop up provides you with required information you will need in order to complete an application.
- Please check the box at the bottom of the page indicating that you have read and understand the information. Click on “Start Application” to begin.

New Service Application Requirements

Before proceeding with this application, please ensure the following:

1. You have read and understand the licensing requirements in Sections 4766 of the Ohio Revised Code and Ohio Administrative Code;  
[ORC 4766](#) | [OAC 4766](#)

2. You have your Federal Tax ID Number or E.I.N

3. The following documents will be needed to upload into the application:

- Certificate of Insurance
- Blank Trip/Run Report
- Color Photo of the Vehicle

4. Certificate of Insurance

- General Liability (Min. \$500,000 each occurrence and General Aggregate)
- Vehicle Liability (Min. \$350,000 combined single limit each occurrence or Min. \$100,000 bodily injury / person, \$300,000 / accident, \$50,000 property)
- Insured name and address is the same as on the application
- Thirty (30) day cancellation notice
- State Board of Emergency Medical, Fire, and Transportation Services 1970 West Broad St. Columbus, Ohio 43223 is listed as certificate holder.

5. Fees:

Service License Fee:	\$100
Ambulance:	\$200 per vehicle
Mobile Intensive Care Unit:	\$200 per vehicle
Non-Transport Vehicle:	\$200 per vehicle
Ambulette:	\$100 per vehicle
Medical Aircraft:	\$200 per vehicle

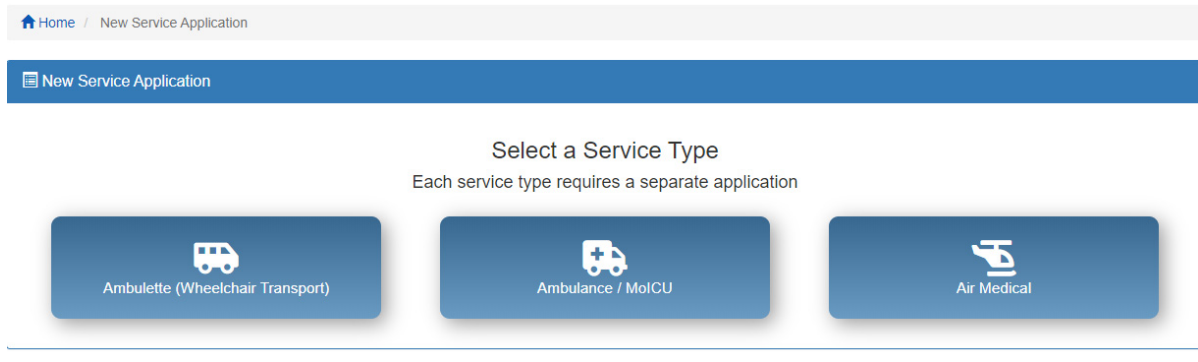
☐ I have read and understand the application requirements

Cancel

Start Application

## Select the Service Type

- Ambulette



The screenshot shows a web interface for a 'New Service Application'. At the top, there is a breadcrumb trail: 'Home / New Service Application'. Below this is a blue header bar with the text 'New Service Application'. The main content area is titled 'Select a Service Type' with the subtitle 'Each service type requires a separate application'. There are three blue buttons arranged horizontally, each with an icon and text: 1. 'Ambulette (Wheelchair Transport)' with a wheelchair icon. 2. 'Ambulance / MoCU' with an ambulance icon. 3. 'Air Medical' with a helicopter icon.

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### **Before starting an application:** *(Please note the following)*

- ✓ The **RED \*** indicates required fields.
- ✓ In order to move to the next tab of the application all required information must be completed.
- ✓ The information will be saved when you “save and continue” or “save and close” the application. When you return to the application, you can go directly to where you left off.
- ✓ If you cancel the first page of the application before saving, the application will be lost.
- ✓ Draft applications or applications that have not been submitted must be submitted within thirty (30) days from when the application was started or it will be automatically be deleted.

## Completing the Application

### Tab 1 (Details)

[Home](#) / [Service Details](#)

Service Type

Details

Drivers

Contacts

Service Area

Subsidiary

Vehicle

Insurance

Documents

Confirmation

Invoice

Complete

Service Details

Save and Close

Service Details

\* Denotes Required Field

Service Name\*

Federal Tax ID\*

Highest Level of Service\*

99-9999999

Ambulette

Phone Number\*

Ext

Fax Number

Organization Type\*

(999) 999-9999

(999) 999-9999

☐ Privately Owned ☐ Publicly Owned ☐ Hospital Owned ☐ University Owned ☐ Other

Two-Way Communication (Dispatch)\*

Two-Way Communication (Medical)\*

Dispatch Manned 24 Hours Per Day\*

Cell Phone\*

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Medicaid Number

Ambulette Transport Count\*

0

DBA Names

Add

Physical Address

Address\*

Address 2

Zip\*

99999

City\*

State\*

County

Non-Ohio

Mailing Address

☐ Same as Physical Address?

Mailing Address\*

Mailing Address 2

Mailing Zip\*

99999

Mailing City\*

Mailing State\*

Cancel

Save and Continue

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Tab 2 (Drivers List)

- Ambulette services must supply information on drivers who will be operating a licensed ambulette.

[Home](#) / Service Drivers

Service Name: ABC Ambulance

Service Code: Unassigned

Service Type: Ambulette

Status: Draft New

Service Type

Details

Drivers

Contacts

Service Area

Satellites

Vehicles

Insurance

Documents

Confirmation

Invoice

Complete

Drivers

Save and Close

Drivers

+ Add Driver

Click here for information on ambulette driver requirements.

Additional information can be found on the EMS webpage

No Drivers Present

You must add at least 1 driver

Cancel

Save and Previous

Save and Continue

### Tab 3 (Contacts and Executives)

- Click on “Add Contacts” to add up to 3 individuals who will receive correspondence from the Medical Transportation section regarding your medical transportation service. One contact must be designated as primary.
- Click on “Add Executives” to add up to 5 people.

**NOTE: It is the medical transportation services responsibility to keep the contact and executive information up to date. Communications regarding your medical transportation license will be e-mailed to the contacts and/or executives.**

[Home](#) / Service Contacts

Service Name: ABC Ambulance      Service Code: Unassigned      Service Type: Ambulette      Status: Draft New

Service Type

Details

Drivers

Contacts

Service Area

Satellites

Vehicles

Insurance

Documents

Confirmation

Invoice

Complete

Service Contacts
 Save and Close

Contacts
 + Add Contact

Name	Primary Contact	Business Phone Number	Business Email	Actions
				<div>Actions</div>

Executives
 + Add Executive

Name	Title	Business Phone Number	Business Email	Actions
				<div>Actions</div>

Cancel

Save and Previous

Save and Continue

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### Tab 3 (Continued)

#### Contact Details

\* Denotes Required Field ✕

<b>First Name*</b>	<b>Middle Initial</b>	<b>Last Name*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Business Phone Number*</b>	<b>Ext</b>	<b>Business Email*</b>
<input type="text" value="(999) 999-9999"/>	<input type="text"/>	<input type="text"/>

Close

Save

#### Executive Details

\* Denotes Required Field ✕

<b>First Name*</b>	<b>Middle Initial</b>	<b>Last Name*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Title*</b>	<b>Business Phone Number*</b>	<b>Business Email*</b>
<input type="text"/>	<input type="text" value="(999) 999-9999"/>	<input type="text"/>

**Mailing Address** ☐ Same as Service Address?

<b>Business Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip*</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text" value="99999"/>

Close

Save

## Tab 4 (Service Area)

- Hover over and click on the county(ies) of your primary service area.

[Home](#) / Service Area

Service Name: ABC Ambulance      Service Code: Unassigned      Service Type: Ambulette      Status: Draft New

Service Type

Details

Drivers

Contacts

Service Area

Satellites

Vehicles

Insurance

Documents

Confirmation

Invoice

Complete

Service Area

Save and Close

Service Area

Does your Service serve all Ohio counties? ☐ Yes ☒ No

Please select the counties your agency primarily services.

Cancel

Save and Previous

Save and Continue

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## Tab 5 (Satellites)

- A satellite location is a company owned physical address where employees report to work and vehicles are housed other than the headquarters location.
- To add a satellite location(s), click on “+Add Satellite”.
- Add the satellite information where indicated then select “Save”. Follow the same process for adding additional satellite locations.
- When finished adding satellite locations, click on “Save and Continue”.

[Home](#) / Service Satellites

**Service Name:** ABC Ambulance    **Service Code:** Unassigned    **Service Type:** Ambulette    **Status:** Draft New

Service Type   Details   Drivers   Contacts   Service Area   **Satellites**   Vehicles   Insurance   Documents   Confirmation   Invoice   Complete

**Satellites** Save and Close

Satellites + Add Satellite

No Satellites Present

Cancel Save and Previous Save and Continue

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**Satellite Details** \* Denotes Required Field

**Business Address\*** **Address 2** **Zip\***

**City\*** **State\*** **County**

**Contact First Name** **Middle Initial** **Contact Last Name**

**Contact Business Phone Number** **Contact Business Email** **Vehicle Count\***


Close Save


## Tab 6 (Vehicles)


- You must have at least one vehicle in order to be licensed.
- To add a vehicle, click on “Add Vehicle”.
- Add required vehicle information where indicated then select “Save”. Follow the same process for adding additional vehicles.
- When finished adding vehicles, click on “Save and Continue”. You will proceed to the next tab.


[Home](#) / Service Vehicles


**Service Name:** ABC Ambulance      **Service Code:** Unassigned      **Service Type:** Ambulette      **Status:** Draft New


 Service Type


 Details


 Drivers


 Contacts


 Service Area


 Satellites


 Vehicles

 Insurance

 Documents

 Confirmation

 Invoice

 Complete

Vehicles Save and Close

Vehicles + Add Vehicle

No Vehicles Present

You must add at least 1 vehicle before proceeding

Cancel Save and Previous Save and Continue

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Vehicle Details \* Denotes Required Field

**Vehicle Type\***

**Year\***

**Make\***

**Model\***

**VIN\***

**Odometer\***

**License Plate**

**Service Vehicle Number**

Close Save

## Tab 7 (Insurance)

- Add General Liability and Vehicle Liability insurance. The information must match the Certificate of Insurance that will need to be uploaded in Tab 8.

**\*\*Licensed services must maintain General and Vehicle insurances at all times\*\***

**\*\* The insurance information must be kept up to date in the MTLs online system\*\***

Home / Insurance

Service Name: ABC Ambulance    Service Code: Unassigned    Service Type: Ambulette    Status: Draft New

Service Type   Details   Drivers   Contacts   Service Area   Satellites   Vehicles   Insurance   Documents   Confirmation   Invoice   Complete

Insurance

Save and Close

General Insurance

+ Add General Insurance

No General Insurance Present  
You must add General Insurance

Vehicle Insurance

+ Add Vehicle Insurance

No Vehicle Insurance Present  
You must add Vehicle Insurance

Cancel    Save and Previous    Save and Continue

Question regarding the EMS MTLs, please email: [medicaltransportation@dps.ohio.gov](mailto:medicaltransportation@dps.ohio.gov) Or call 800.233.0785 and ask for an EMS MTLs Coordinator  
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General Insurance Details

\* Denotes Required Field

Policy Number\*    Effective Date\*    Expiration Date\*

General Insurance Company\*    General Insurance Agent\*

☐ This policy includes a minimum \$500,000 Each Occurrence, a minimum \$500,000 General Aggregate, and a 30 Day Cancellation Notice.

Close    Save

## Tab 7 (Continued)

### Vehicle Insurance Details

\* Denotes Required Field ✕

Policy Number\*

Effective Date\*

Expiration Date\*

Vehicle Insurance Company\*

Vehicle Insurance Agent\*

Scheduled Vehicle\*

☐ Yes ☐ No

Any Auto or All Owned Autos\*

☐ Yes ☐ No

30 Day Cancellation Notice\*

☐ Yes ☐ No

Minimum \$350,000 Combined Single Limit / Each Occurrence\*

☐ Yes ☐ No

Or

Minimum \$100,000 Bodily Injury / Per Person\*

☐ Yes ☐ No

Minimum \$300,000 Bodily Injury / Per Accident\*

☐ Yes ☐ No

Minimum \$50,000 Bodily Injury / Per Accident\*

☐ Yes ☐ No

Close

Save

## Tab 8 (Document Upload)

- Click on “Add Document”
- The following documents are required to be uploaded in PDF format only:
  1. “Certificate of Insurance”: - Must include General Liability and Vehicle liability
  2. “Blank Trip / Run Report”
  3. “Color Photo of the vehicle logo” - One photo

Home / Documents

Service Name: ABC Ambulance    Service Code: Unassigned    Service Type: Ambulette    Status: Draft New

Service Type   Details   Drivers   Contacts   Service Area   Satellites   Vehicles   Insurance   Documents   Confirmation   Invoice   Complete

Documents Save and Close

Documents + Add Document

No Documents Present

You must add a Certificate of Insurance, a Blank Trip/Run Report, and a Color Photo of Vehicle Logo before moving on

Cancel Save and Previous Save and Continue

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Document Upload ×

- The maximum allowed file size is 10 MB
- The following file types are permitted: .pdf
- The following are not considered proof of insurance: Photo ID, Declarations Page

Document Type\* File\*

Choose File No file chosen


Close Save


## Tab 9 (Confirmation Page)


- This page displays the information entered into the application.
- Please review for accuracy
- Once reviewed, check the box at the bottom of the page indicating that you have reviewed the information provided for accuracy. Click on “Save and Continue”.


[Home](#) / Review and Confirm


**Service Name:** ABC Ambulance      **Service Code:** Unassigned      **Service Type:** Ambulette      **Status:** Draft New


  
Service Type


  
Details


  
Drivers


  
Contacts


  
Service Area


  
Satellites


  
Vehicles

  
Insurance

  
Documents

  
Confirmation

  
Invoice

  
Complete

[Review and Confirm](#) [Print](#) [Save and Close](#)

☐ As an authorized representative of the service named in this application, I do hereby attest that the information provided in this application is accurate and complete.

[Cancel](#) [Save and Previous](#) [Save and Continue](#)













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## Tab 10 (Invoice and Payment)

- A detailed invoice of charges will appear for your review prior to submitting payment.
- This page may be printed and used as an invoice for financial purposes.
  - You may click “save and close” at the top to exit the process but not lose any of your completed work.
- Click “Proceed to Payment” to access the payment website.

[Home](#) / Invoices

**Service Name:** ABC Ambulance      **Service Code:** Unassigned      **Service Type:** Ambulette      **Status:** Draft New

 Service Type
  Details
  Drivers
  Contacts
  Service Area
  Satellites
  Vehicles
  Insurance
  Documents
  Confirmation
  Invoice
  Complete

Invoices Save and Close

Invoice Date: 1/15/2020      Invoice Number: 000056      Invoice Amount: \$200.00      Invoice Status: Open

**Description:**

Item	Quantity	Unit Price	Total
<a href="#">Ambulette (NEMSO) License</a>	1	\$100.00	\$100.00
<a href="#">Ambulette Permit Fees</a>	1	\$50.00	\$50.00
<a href="#">Ambulette Inspection Fees</a>	1	\$50.00	\$50.00
Total			\$200.00

Print

Cancel

◀ Previous

Proceed to Payment ▶

Question regarding the EMS MTLS, please email: [medicaltransportation@dps.ohio.gov](mailto:medicaltransportation@dps.ohio.gov) Or call 800.233.0785 and ask for an EMS MTLS Coordinator  
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## Payment Options

1. Credit or Debit Card – Additional Transaction Fee Applies
2. Bank Account (e-check) – No Additional Fee

Once you have been directed to the payment website, follow the prompts and choose your method of payment.

Checkout

Shopping cart > Review and submit payment > Payment receipt

Shopping Cart

EMS

Ambulance (EMSO) License

\$ 100.00

Ambulance Permit Fees

\$ 100.00

Ambulance Inspection Fees

\$ 100.00


Subtotal

\$ 300.00

Payment

Select a payment method [Privacy policy](#)

☒ Credit Card or Debit Card

We accept the following cards.  


Card number \*

Expiration date \*

Security code \*

Name on card \*

Email address \*

Phone \*

Billing address \*

mm/yy

①

Street

City

Postal Code

Select a State

United States

\* Indicates a required field

☐ Bank Account (e-check)

By clicking the "Review Payment" button, you agree to pay the credit/debit card service fee of \$5.85. [About the service fee.](#)

Secure Payment

Review Payment

Cancel/Return to Home Page

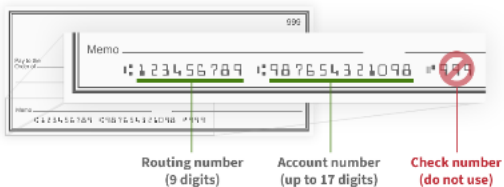
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## Payment Options (Continued)

### ☒ Bank Account (e-check)

Bank account payments can only be made from **regular U.S. checking or savings accounts** in U.S. dollars. Most checks issued from money market accounts, credit card companies, mutual funds, brokerage accounts, home equity or other lines of credit **cannot** be processed as a bank account payment. Please verify with your financial institution that there is no alternate routing number required for bank account payments.

**Bank account payments returned by your bank for ANY REASON will void your payment. Additional fees may be charged as a result of returned payments.**



*SAMPLE CHECK ONLY - Your check layout may vary.*

Routing number *	<input type="text"/>
Account number *	<input type="text"/>
Confirm account number *	<input type="text"/>
Account type	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
Name on account *	<input type="text"/>
Email address *	<input type="text"/>
Phone *	<input type="text"/>
Billing address *	<div><input type="text" value="Street"/></div> <div><input type="text" value="City"/> <input type="text" value="Select a State"/></div> <div><input type="text" value="Postal Code"/> <input type="text" value="United States"/></div>
This account is	<input checked="" type="radio"/> Personal <input type="radio"/> Business

\* Indicates a required field

Secure Payment

[Review Payment](#)

[Cancel/Return to Home Page](#)

## Payment Options (Continued)

### Verify Bank Account Information

Please verify the following information:

**Account holder:** test  
123 test  
test, OH 45612  
US

**Email address:** test@test.com

**Phone:** 1234567890

Please also verify the following regarding your bank account:

- 999999992 is a routing number for electronic checks. (Your bank (**Customer Bank**) may use a different routing number for electronic checks.)
- Bank account **1234567890** is an account that supports electronic check transactions. (Some accounts, such as money market accounts, may not.)
- You do not have a debit filter or block on account **1234567890**.
- The bank account number **1234567890** does not include the paper check number. (Check the last few digits.)
- You have sufficient funds in bank account **1234567890** to make this payment.

If you are unsure whether you have entered the correct information, please contact your bank (**Customer Bank**). Any error in the information you provide will result in a failed payment and possibly additional fees.

☐ I confirm that I have verified the routing and account number entered.

[< Go Back](#) [Review Payment](#)

After you have completed entering your Credit Card / E-Check information, you will have one final confirmation page prior to submitting the payment.

## Review and Pay

Shopping cart

Review and submit payment

Payment receipt

EMS	
Ambulance (EMSO) License	\$ 100.00
Ambulance Permit Fees	\$ 100.00
Ambulance Inspection Fees	\$ 100.00
Subtotal	\$ 300.00

**Payment Details**  
Checking Account  
Checking ending in 7890


Total\$ 300.00


[Edit Order](#) [Submit Payment](#)


You will then be given the opportunity to print the “receipt” from the payment website prior to returning to the MTLS website.


[Home](#) / Complete


Service Name: ABC AmbulanceService Code: UnassignedService Type: AmbuletteStatus: Draft New


Service Type


Details


Drivers


Contacts


Service Area


Satellites


Vehicles

Insurance


Documents

Confirmation

Invoice

Complete

✓ Complete



Your application has been successfully submitted!

Question regarding the EMS MTLS, please email: [medicaltransportation@dps.ohio.gov](mailto:medicaltransportation@dps.ohio.gov) Or call 800.233.0785 and ask for an EMS MTLS Coordinator  
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