



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

ADDITIONAL AIRCRAFT

NAME OF SERVICE			SERVICE CODE		
LOCATION OF INSPECTION		CITY	STATE	ZIP CODE	
CONTACT PERSON				CONTACT PHONE	

EMS NO.	YEAR	MAKE / MODEL	AIRCRAFT TAIL NUMBER	HOURS	FIXED WING	ROTOR WING
FOR						
STATE						
USE						
ONLY						

Before being placed in service, the vehicle(s) must pass inspection by the Emergency Medical Services.

A check or money order must accompany this form. The fee is \$200.00 per aircraft.
Make check or money order payable to: **Ohio Treasurer of State.**

AUTHORIZED AGENT SIGNATURE X	DATE COMPLETED
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SEND TO:

Ohio Department of Public Safety
Division of Emergency Medical Services
1970 W. Broad St.
P.O. Box 182073
Columbus, OH 43218-2073
Phone (800) 233-0785
Fax (614) 466-9461

FOR STATE USE ONLY	
Inspector Assigned _____	Date Inspector Notified _____
Fee Paid _____	Date Decal Sent _____