



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**TEMPORARY AIRCRAFT**

SERVICE NAME		SERVICE CODE	
SERVICE ADDRESS	CITY	STATE	ZIP CODE

**AIRCRAFT INFORMATION**

IDENTIFICATION (TAIL) NUMBER OF PERMITTED AIRCRAFT <b>N</b>	OUT OF SERVICE DATE
IDENTIFICATION (TAIL) NUMBER OF TEMPORARY AIRCRAFT <b>N</b>	IN SERVICE DATE

Brief description of reason the permitted aircraft was temporarily taken out of service.

**CERTIFICATION**

I \_\_\_\_\_ certify the temporary aircraft listed above is in compliance with Ohio Administrative Code 4766 for aircraft. A fee of \$100.00 is enclosed. I further understand this permit is issued to the aircraft listed above for one-time use. This permit expires on the date the permitted aircraft is returned to service up to a maximum of 60 days, whichever is sooner.

SIGNATURE OF SERVICE REPRESENTATIVE <b>X</b>	DATE
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**TEMPORARY AIRCRAFT PERMIT**

A Temporary Aircraft Permit to operate the aircraft listed above is hereby granted. Display this permit in the temporary aircraft. Upon expiration store this permit in a location readily available to the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) or its designees upon request.

SIGNATURE OF EMS REPRESENTATIVE <b>X</b>	EXPIRATION DATE
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**SEND THIS APPLICATION 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