OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS / FIRE AGENCY INFORMATION

INFORMATION

AGENCY NAME	COUNTY	AGENCY ID	TOTAL ALS AMBULANCES	TOTAL BLS AMBULANCES

STREET ADDRESS	CITY	ZIP CODE
MAILING ADDRESS	CITY	ZIP CODE

BUSINESS PHONE	FAX	AGENCY E-MAIL ADDRESS	AGENCY FEDERAL TAX ID
CHIEF* / CEO NAME	TITLE	CHIEF / CEO PHONE	CHIEF / CEO E-MAIL ADDRESS
MEDICAL DIRECTOR NAME	MEDICAL DIRECTOR LICENSE #	MEDICAL DIRECTOR PHONE	MEDICAL DIRECTOR E-MAIL ADDRESS
LEAD EMS OFFICER NAME & TITLE (if different from Chief)		EMS OFFICER PHONE	EMS OFFICER E-MAIL ADDRESS

*If the **Chief** is changed this form must be completed by a **civil authority** (see page 2).

†IF YOUR AGENCY HAS SATELLITES / SUBSTATIONS, PLEASE LIST THEM ON PAGE 2†

HIGHEST LEVEL PROTOCOL USED

☐ Paramedic	☐ AEMT	☐ EMT	☐ EMR	☐ Higher
☐ Fire - **ONLY** agency and performs **no EMS** or medical transport functions			PHARMACY ID # EMS	

PAY STATUS

☐ All Paid	☐ All Volunteer	☐ Mixed - if checked, enter volunteer percentage here:

AGENCY TYPE

☐ Fire Department	☐ Governmental, Non-Fire	☐ Hospital	☐ Private, Non-Hospital

PRIMARY TYPE OF SERVICE

☐ Scene response **with** transport capability		☐ Scene response **without** transport capability
☐ Medical transport (convalescent, interfacility transfer – hospital or nursing home)		
☐ Rescue	☐ Community Paramedicine	☐ Critical Care (Ground)
☐ Air Medical	☐ ALS Intercept	☐ HAZMAT

TAX STATUS

☐ For Profit	☐ Other (e.g., government)	☐ **NOT** for Profit

SERVICE AREA INFORMATION

SQUARE MILES SERVED	POPULATION SERVED
COUNTIES SERVED	

CONTACTS

DATA CONTACT NAME	TITLE / ROLE	PHONE	E-MAIL ADDRESS
CIVIL AUTHORITY NAME	TITLE / ROLE	PHONE	E-MAIL ADDRESS

†SATELLITE / SUBSTATION (Attach additional sheet if required)

SATELLITE / SUBSTATION	ADDRESS	CITY	ZIP	ALS UNITS	BLS UNITS

†DISREGARD IF ABOVE INFORMATION HAS ALREADY BEEN PROVIDED ON MEDICAL TRANSPORTATION LICENSE FORM

SIGNATURE OF AUTHORIZING OFFICIAL** **X**	DATE
PRINT NAME AND TITLE	

*If the Chief is changed this form must be completed by a civil authority (Mayor, Administrator or Trustee of a Township, Administrator or Commissioner of a County, etc.)

**Authorizing Officials are top-level administrators with legal authority over the agency. This can be the Chief (but not an Assistant, Deputy or Battalion Chief), a civil authority (Mayor, Administrator or Trustee of a Township, Administrator or Commissioner of a County, etc.), or the Chief Executive Officer of a privately held company.

FILL IN FORM COMPLETELY, SIGN AND RETURN TO:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
ATTN: AGENCY INFORMATION
1970 West Broad St., P.O. Box 182073
Columbus, OH 43218-2073

*Electronic copies will **not** be accepted.*

FOR ODPS / EMS USE ONLY

FDID	MTLS	DATE