

Ohio Department of Commerce Division of State Fire Marshal

FILING INSTRUCTIONS FOR PUBLIC SAFETY VEHICLE DECALS:

1. Vehicles shall be inspected by the Ohio State Highway Patrol (OSP) and pass a safety inspection.
2. Fire Department shall retain a copy of the OSP vehicle inspection.
3. Columns A through F must be completed for all vehicles which are to receive a date sticker.
4. Indicate if a Maltese Cross is needed with an (X) in column G. A Maltese Cross should only be requested for new members, new vehicles or to replace a damaged decal.
5. When a vehicle is sold, wrecked, or a member leaves the department, have the vehicle removed from the approved by list by filling in columns B, C, D, E, and I. Additionally, the decals **must be** removed from the windshield.
6. Maltese Cross and date sticker shall be placed in the lower right hand corner of windshield.
7. This form should be received by the SFM Fire Prevention Bureau no later than 90 days after the date of inspection.
8. Fire Departments must be current on submittal of fire incident reports before the decals are issued.

All forms need to be mailed to: Division of State Fire Marshal, Fire Prevention Bureau, ATTN: Vehicle Inspection, 8895 East Main Street, Reynoldsburg, OH 43068 or fax to 614-644-1443.

The SFM Fire Prevention Bureau will randomly audit requests to verify OSP Inspection and State Certification.

If you have any questions, please call (888) 243-0305, option 1.

EXAMPLE:

	A	B	C	D	E	F	G	H	I
NO.	Date of Inspection	Name	Address	FF/EMS Certification Number	Year/Make of Vehicle	License Number	Maltese Cross (Indicate with an X)	New Number Issued (SFM use only)	Number to be Removed
1	1/05/17	Ralph Brown	1134 Cooper Lane	005647	16 GMC Pickup	N9V11			
2	1/6/17	William Smith	498 Miller St.,	007456	13 Ford Focus	CUT 545	X		
3	1/6/17	William Smith	498 Miller St.	007456	12 Ford Pickup	10KGUY			G000134

ISSUING YEAR: _____

PUBLIC SAFETY VEHICLE APPLICATION FOR DECALS

NAME: _____ MAILING ADDRESS: _____ CITY: _____ ZIP: _____
(FIRE DEPT. AND/OR VOLUNTEER RESCUE SERVICE)

BUSINESS PHONE: (_____) _____ FDID: _____ COUNTY: _____

	A	B	C	D	E	F	G	H	I
NO.	Date of Inspection	Name	Address	FF/EMS Certification Number	Year/Make of Vehicle	License Number	Maltese Cross (Indicate with an x)	New Number Issued (SFM use only)	Number to be Removed
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

The above listed vehicles have been inspected by the Ohio State Highway Patrol and passed the safety inspection. All members listed are certified as Firefighters or EMS providers by DPS Division of EMS.

I certify that the information contained on this application is true and accurate.

PRINT OR TYPE: _____ Date: _____