



Information and Application for designation as an
AUTHORIZED EMERGENCY VEHICLE

Important Information

Minnesota Statutes §169.03 authorizes the designation of authorized emergency vehicles by the Commissioner of Public Safety when “the designation of that vehicle is necessary for the preservation of life or property or to the execution of emergency government functions”. The application must include an affidavit from the applicant that describes the use of this vehicle in this manner. Please describe how the operation of this vehicle is included in the emergency operations and response plans of local law enforcement, fire fighting, emergency medical services, or emergency management departments.

As part of the application process a letter of endorsement, on official stationary, will be required from the governmental body that benefits from the service of the vehicle for which the authorization is requested. This letter must be signed by someone in authority to sign legal documents on behalf of that governmental body (i.e.: County Board Chair, County or City Administrator, Chief of Police or Sheriff etc.) and must describe why this vehicle is necessary for the preservation of life or property or to the execution of emergency governmental functions. This letter of endorsement must provide a contact name and title along with a phone number for the verification process.

Please include information about what training has been received by operators of the emergency vehicle. Liability risk can be managed by the proper training and documentation of emergency vehicle operators.

The operation of an authorized emergency vehicle exposed the company or department to a high risk of liability. Please seek counsel from your attorney or risk manager before seeking your permit.

We must verify that the vehicle is insured while being operated as an emergency vehicle. If this vehicle is privately owned, please note that many private automobile insurance policies have specific exemption for the use of the vehicle as an emergency vehicle and may require the purchase of an additional rider or binder. If you are unable to secure insurance for your vehicle that would cover the use of red lights and/or siren, you will need a letter from the governmental body that states that the operator and the vehicle will be covered under the governmental body insurance plan while being operated as an emergency vehicle.

If you have questions, please contact: Minnesota State Patrol
Special Permits
445 Minnesota Street, Suite 130
St. Paul, MN 55101-5130
Phone#: 651-201-7100
Email: Patrol.SpecialPermits@state.mn.us



Data Practices Advisory

You are being asked to provide information that may be classified as private or confidential data under the Minnesota Government Data Practices Act. This information will be used to conduct a limited background investigation prior to the approval of a permit that grants special privileges authorized in Minnesota Statutes Chapter 169.

You are not required by law to supply the requested information, although if you should refuse to supply the information, the background investigation cannot be conducted and the permit will not be issued.

The information that you provide may be released to:

- Persons authorized to have access to the information under state or federal law;
- Persons authorized by court order to have access to the information;
- Persons to whom you give written consent to have access to the information;
- Employees in the Department of Public Safety and other law enforcement agencies who have a need to know the information to fulfill their responsibilities.

Application

Information must be legible. Please print clearly or type answers.

Company/Organization

Company Name: _____

Phone#: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Representative or Applicant

Full Name: _____

Date of Birth: _____

Sex (circle one): M or F

Legal Address: _____

City: _____

State: _____

Zip Code: _____

Phone#: _____

Drivers License#: _____

State of Issue: _____

Vehicle

Vehicle Year: _____

Make: _____

Model: _____

VIN (Serial#): _____

License Plate#: _____

Insurance Carrier: _____

Policy#: _____

Insurance Agent: _____

Phone #: _____



Training and Background Information

Have you successfully completed an Emergency Vehicle Driving Course? If yes, please provide: YES [] NO []
Date: _____
Location: _____
Provider: _____

Have you or any designated operators of this vehicle been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? YES [] NO []

Have you or any designated operators of this vehicle ever been confined or committed to a treatment facility in Minnesota or elsewhere as "Chemically Dependent" as defined in Minnesota State Statute 253B.02? YES [] NO []

Do you any designated operators of this vehicle currently have a restraining order issued against you in this State or another State or country? YES [] NO []

Informed Consent for Criminal Background Check & Verification

By signing this form:

1. Applicant authorizes the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Minnesota State Patrol for the purpose of issuing an emergency vehicle designation in accordance with Minn. Statutes §169.03. The expiration of this authorization shall be for a period no longer than one year from the date of applicant signature. As authorized in Minnesota Statute §299C.10, Subd. 4 a fee is required to process this application. A check or money order made out to the "Minnesota BCA" in the amount of \$15.00 must be included with this application.
2. By signing this application, the applicant affirms under penalty of perjury that all statements and information provided is true and correct.

Applicant Signature Date

Return completed signed form with payment to:

Minnesota State Patrol
Special Permits
445 Minnesota Street, Suite 130
St. Paul, MN 55101-5130