Information and Application for

RED LAMP PERMIT

Important Information

Applicant must be a current member of a volunteer fire department, ambulance service, or emergency medical first responder as identified on this application.

A permit issued pursuant to this application:

1. Authorizes the installation of one (1) **non-flashing** red lamp on the vehicle described in the attached application form
   a. The lens of the red lamp cannot exceed three (3) inches in diameter
   b. The red lamp will only be lighted when the vehicle is driven by the applicant while proceeding to the location of response equipment, or to the location of a fire or medical emergency.
2. Allows displaying of the lighted red lamp for identification purposes only. No special right-of way or other traffic regulation privileges exist by reason of the red light.
3. Is voided upon termination of my status as a volunteer firefighter, ambulance crew member or emergency medical first responder for the above listed department or service. The red lamp must be immediately removed from the vehicle.

A red turn signal unit designed for trailers is recommended for the red lamp authorized by this permit. If the lens is more that three (3) inches in diameter, the outer periphery of the lens should be internally painted, taped, or otherwise rendered opaque so only the center three (3) inches emits light. Any reflex reflector in the lens must also be obscured.

The red light must be mounted at least four (4) inches away from other lamps and shall not be mounted lower than the bumper nor higher than the top of the dashboard. Dashboard mounting is authorized only if the lamp will not interfere with the driver's field of view.

If you have questions, please contact:

Minnesota State Patrol
Special Permits
444 Cedar 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

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

Fire Department, Ambulance Service or First Responder	
Company Name:	
Phone#:	
Address:	
City:	
State:	
Zip Code:	
Applicant Information	
Full First Name:	
Full Middle Name:	
Full Last Name:	
Maiden, Alias or Former:	
Date of Birth:	
Sex (M or F)	
Social Security # (optional):	
Legal Address:	
City:	
State:	
Zip Code:	
Drivers License#:	State of Issue:

(Application Information Continued)

Vehicle Information		
Vehicle Year:	Make:	Model:
VIN (Serial#):		License Plate#:
Insurance Carrier:		Policy#:
Insurance Agent:		Phone #:

Certification

I hereby certify that I am the Chief Executive Officer of the volunteer fire department, ambulance service, or emergency medical first responder identified in this application, which is authorized by, or contracting with, the above named city or township. I further verify that the statements made by the applicant are true and correct and that the applicant is an active member of the listed department, service, or first responder agency. I understand the Minn. Statutes §169.58, Sub. 2, requires that I immediately notify the Commissioner of Public Safety upon the resignation or termination of the membership of this person.

Signature of Chief Executive Officer _____ Date _____

Printed name and title of Chief Executive Officer _____

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 a Red Lamp Permit in accordance with Minn. Statutes §169.58, Sub. 2. 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. **Applicant certifies that all requested information is valid and that applicant understands all laws and applicable rules pertaining to the use of a red lamp.**

Applicant Signature _____ Date _____

Return completed signed form with payment to:

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