

# APPLICATION FOR AN AUTHORIZED EMERGENCY VEHICLE PERMIT

Please type or print the following information

Check One:    New:     Renewal:   
 (If renewal, attach old permit)

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Make of Vehicle: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_  
 Style of Vehicle: \_\_\_\_\_  
 V.I.N. Number: \_\_\_\_\_ License Tag Number: \_\_\_\_\_

How and where will this permit be used? \_\_\_\_\_  
 (Check Reverse Side)

If the application is for use as an AMBULANCE, and the ambulance is to be operated in an area larger than the county, the BUREAU OF EMERGENCY MEDICAL SERVICE must be informed. In which case this bureau must approve the area before the designation will be issued.

Area: _____	Approval: _____
-------------	-----------------

I HEREBY CERTIFY, I have read and agree to abide by the conditions set forth in the Kansas Statutes and associated Kansas Administrative Regulations which relate to "Authorized Emergency Vehicles - Red Light and Sirens".

I FURTHER CERTIFY, I will drive with due regard for the safety of others in accordance with K.S.A. 8-1506.

I FURTHER CERTIFY, violating any of these laws and/or rules may be sufficient grounds for the cancellation of your vehicle being designated as an "Authorized Emergency Vehicle".

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)

### APPROVED SIGNATURES (SEE REVERSE SIDE FOR REQUIRED SIGNATURES AND CHECK APPROPRIATE BOX)

Fire Chief: _____	County: _____	Date: _____
Chief of Police: _____	City: _____	Date: _____
Sheriff: _____	County: _____	Date: _____
Mayor: _____	City: _____	Date: _____
City Marshall: _____	City: _____	Date: _____
Director of Emergency Preparedness: _____	County: _____	Date: _____
Highway Patrol Superintendent: _____	Badge Number: _____	Date: _____

# REQUIRED SIGNATURES FOR AUTHORIZING AN EMERGENCY VEHICLE

(Please check appropriate box)

<u>DESCRIPTION</u>	<u>REQUIRED SIGNATURE</u>
<input type="checkbox"/> WRECKERS	1. Superintendent of the State Highway Patrol or an authorized representative.
<input type="checkbox"/> CIVIL DEFENSE OR EMER. PREP.	1. Director of Emergency Preparedness.
<input type="checkbox"/> VEHICLES OPERATED BY PUBLIC UTILITIES	1. Sheriff of the County in which they will operate.
<input type="checkbox"/> VOLUNTEER OR OTHER FIREMEN: (Using their personal vehicles in answering emergency calls)	1. Chief of the Fire Department. 2. Chief of Police, or City Marshall of the City maintaining the Fire Department, and 3. Sheriff of the County in which the City is located.
<input type="checkbox"/> CHIEF OF THE FIRE DEPARTMENT	1. Chief of Police, or City Marshall and 2. Sheriff of the County
<input type="checkbox"/> FIREMAN, EMPLOYED BY THE TOWNSHIP, DISTRICT OR VOLUNTEER FIRE DEPARTMENT	1. Chief of the Department 2. Sheriff of the County in which the township or district or volunteer fire department is located.
<input type="checkbox"/> CHIEF OF TOWNSHIP, DISTRICT OR VOLUNTEER FIRE DEPARTMENT	1. Sheriff of the County.
<input type="checkbox"/> PRIVATELY OPERATED AMBULANCES Must be: A. Licensed in Kansas	1. Chief of Police, or City Marshall in which the ambulance is housed, and 2. Sheriff of the County in which the city is located.
<input type="checkbox"/> PRIVATELY OPERATED AMBULANCES (Housed Outside the Corporate Limits of the City)	1. Sheriff of the county in which the ambulance is housed.
<input type="checkbox"/> POLICE OFFICERS (Personally owned vehicle)	1. Chief of Police of the Department in which the officer is employed.
<input type="checkbox"/> DEPUTY, or ASSISTANT CITY MARSHALL	1. Marshall of the City in which he or she is employed.
<input type="checkbox"/> CHIEF OF POLICE OR CITY MARSHALL	1. Mayor of the City by which he or she is employed.
<input type="checkbox"/> UNDERSHERIFF, DEPUTY SHERIFFS	1. Sheriff appointing them
<input type="checkbox"/> SHERIFF (Personal Vehicle)	1. Sheriff only (shall not be approved by any other county or city official)
<input type="checkbox"/> OFFICER, EMPLOYEE OF THE STATE	1. Head of the Department or Agency that has law enforcement authority, in which he or she is employed.
<input type="checkbox"/> ANY OTHER VEHICLE (In Kansas)	1. Chief of Police, or City Marshall and 2. Sheriff of the City and County in which the applicant resides or maintains an office or place of business, or is employed.
<input type="checkbox"/> ANY OTHER VEHICLE (In Kansas) (Outside the Corporate Limits and does not maintain an office or place of business within the corporate limits)	1. Sheriff of the County where this person resides or maintains an office or place of business or is employed.