

APPLICATION FOR EMERGENCY VEHICLE PERMIT

A. CHECK ONE: _____ NEW _____ RENEWAL (Attach Old Permit)

B. DATE: _____

C. OPERATOR

Name: _____ Phone: _____

Address: _____

City/State/Zip Code: _____

Driver's License Number: _____ State: _____ Date of Birth: _____

D. VEHICLE:

Make and Year of Vehicle: _____

Model and Style of Vehicle: _____

V.I.N. _____ License Tag #: _____

E. OWNER (If different than operator)

Name: _____ Phone: _____

Address: _____

Mailing Address: _____

City/State/Zip Code: _____

F. USE: (Detail how this vehicle will be used.)

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

Area: _____ Approval: _____

I HEREBY CERTIFY I have read and agree to abide by the conditions set forth in the Kansas Statutes, Shawnee County Resolutions and associated 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 that I understand that my private vehicle insurance may not provide coverage if/when the vehicle I am driving is used for emergency purposes. I FURTHER CERTIFY that I have been advised to consult with my insurance company regarding coverage prior to submitting this application. I FURTHER CERTIFY that violating any of these laws and/or rules may be sufficient grounds for the revocation of any "Authorized Emergency Vehicle" permit issued to me.

Signature of Applicant

Date

REQUIRED APPROVALS

Fire Chief:

By: _____ Date: _____

City/Township: _____

Police Chief:

By: _____ Date: _____

City: _____

Shawnee County Sheriff:

By: _____ Date: _____

Mayor:

City: _____ Date: _____

Shawnee County Director of Emergency Management:

By: _____ Date: _____

KHP Superintendent:

By: _____ Date: _____

Badge Number: _____

SHAWNEE COUNTY
APPLICATION FOR
EMERGENCY VEHICLE PERMIT

Directions:

PLEASE COMPLETE ALL REQUESTED INFORMATION ON EACH OF THE FORMS. PLEASE PRINT OR TYPE THE INFORMATION.

Please allow 2-3 weeks for processing.

A vehicle designated as an authorized emergency vehicle, may operate with a valid permit for a period of 2 years from issue date, until there is a change in ownership, or until the use of the vehicle changes.

All appropriate signatures must be obtained before the application can be processed.

For Renewal Applications, Please attach the old permit to the application.

REQUIRED APPROVALS FOR DESIGNATING
AN EMERGENCY VEHICLE

- WRECKERS
 1. Superintendent of the Kansas Highway Patrol or an authorized representative.
 2. Sheriff
 3. Chief of Police
- EMERGENCY MANAGEMENT
 1. Director of Emergency Management
- VEHICLES OPERATED BY PUBLIC UTILITIES
 1. Sheriff
- VOLUNTEER OR OTHER FIREFIGHTERS (Using private vehicles)
 1. Chief of Fire Department
 2. Chief of Police (for City Fire Departments)
 3. Sheriff

- FIRE DEPARTMENT CHIEF
 1. Chief of Police (for City Fire Departments)
 2. Sheriff

- AMBULANCES (Privately Operated and Licensed in Kansas)
 1. Chief of Police (if housed in the City)
 2. Sheriff
 3. Kansas Board of EMS (if operated outside of the county)

- POLICE OFFICERS (Private vehicle)
 1. Chief of Police

- CHIEF OF POLICE (Private vehicle)
 1. Mayor

- UNDERSHERIFF, DEPUTY SHERIFFS (Private vehicle)
 1. Sheriff

- OTHER VEHICLES NOT LISTED
 - Inside City Limits
 1. Chief of Police
 2. Sheriff
 - Outside City Limits
 1. Sheriff

Completed Applications should be sent to:

SHAWNEE COUNTY EMERGENCY MANAGEMENT
 200 SE 7th St, SB-10
 Topeka, Kansas 66603

For Any Telephone Inquires:

Administrative: (785) 233-8200, Ext. 4150
 Fax Number: (785) 291-4904