

# APPLICATION FOR NORTH DAKOTA VOLUNTEER EMERGENCY RESPONDER PLATE

North Dakota Department of Transportation, Motor Vehicle  
SFN 61572 (10-2019)

MOTOR VEHICLE DIVISION  
ND DEPT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0780  
Telephone (701) 328-2725  
Website: <https://dot.nd.gov>

## APPLICANT

Applicant's Legal Name		Driver's License Number	Telephone Number	
Mailing Address		City	State	ZIP Code
Title Number	Year and Make of Vehicle	Vehicle Identification Number		Current License Plate

Volunteer Type (Must Check One)  Firefighter  Emergency Medical Responder

North Dakota law allows volunteer firefighters or emergency medical responders to obtain special license plates for **ONE** vehicle. Qualified applicants must complete the information above and have their application certified by their Fire Chief or Emergency Responder Squad Leader. The Emergency Responder Squad Leader must submit the application to the North Dakota Department of Health, Division of Emergency Medical Systems for final approval.

**PLEASE MAKE SURE ALL NUMBERS ARE WRITTEN CLEARLY AND LETTERS ARE CAPITALIZED**

The first three (3) digits are the last three (3) numbers of the zip code where the individual volunteers.  
The last three (3) characters are of the volunteers choosing. Maximum number of characters is six (6).

First Choice:

Second Choice:

Meaning of the last 3 characters (required)	Meaning of the last 3 characters (required)
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I certify that I am a volunteer firefighter or emergency medical responder, per N.D.C.C. 39-04-10.16.

Applicant's Legal Signature	Date
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## FIRE DEPARTMENT CHIEF/EMERGENCY RESPONDER SQUAD LEADER (must be completed):

Fire Chief/Squad Leader (Printed Name)	Department (City, Rural, Fire Protection District, etc.)
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I certify the information above is correct and that the named applicant is a volunteer firefighter or emergency medical responder, a member in good standing within my organization, and is eligible to use the North Dakota Volunteer Emergency Responder license plate.

Volunteer's Effective Date (MM/DD/YYYY) *must volunteer for a period exceeding 2 continuous years	ZIP Code Where Applicant Volunteers
Signature of Fire Chief/Squad Leader	Date

## ND DEPARTMENT OF HEALTH, DIVISION OF EMERGENCY MEDICAL SYSTEMS (must be completed):

I certify that the above named applicant is a volunteer emergency medical responder recognized by the North Dakota Department of Health, Division of Emergency Medical Systems and is eligible for the North Dakota Volunteer Emergency Responder license plate.

Printed Name	Title
Signature	Date