

# APPLICATION FOR NORTH DAKOTA VOLUNTEER EMERGENCY RESPONDER PLATE

North Dakota Department of Transportation, Motor Vehicle  
SFN 61572 (9-2024)

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
Year and Make of Vehicle		Vehicle Identification Number		Current License Plate Number	
Volunteer Type (Must Check One) <input type="checkbox"/> Firefighter - Section 1 required <input type="checkbox"/> Emergency Medical Responder - Section 1 and 2 required <input type="checkbox"/> Search and Rescue Personnel - Section 1 required					

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

The Motor Vehicle Division reserves the right to deny the issuance of any license plates containing letter or number combinations that, when read in any language, forwards or backwards, may be deemed offensive to good taste and decency, or could be misleading.

Be specific regarding the meaning of your plate choice as an incomplete or missing meaning may delay issuance of your plates. First Choice cannot be the same as the Second Choice.

### 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:

Detailed Meaning of Last 3 Characters of First Choice Required	Detailed Meaning of Last 3 Characters of Second Choice Required
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I certify that I am a volunteer firefighter, emergency medical responder, or search and rescue personnel, per N.D.C.C. 39-04-10.16.

Applicant's Legal Signature	Date
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## SECTION 1: FIRE DEPARTMENT CHIEF/EMERGENCY RESPONDER SQUAD LEADER/SAR ORGANIZATION LEADER (must be completed):

Fire Chief/Squad Leader/SAR Organization Leader (Printed Name)	Department/Organization (City, Rural, Fire Protection District, etc.)
I certify the information above is correct and that the named applicant is a volunteer firefighter, emergency medical responder, or a volunteer search and rescue personnel, 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/SAR Organization Leader	Date

## SECTION 2: ND DEPARTMENT OF HEALTH & HUMAN SERVICES, 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 & Human Services, Division of Emergency Medical Systems and is eligible for the North Dakota Volunteer Emergency Responder license plate.	
Printed Name	Title
Signature	Date