



Boone County Fire Protection District

Blue Light Permit Application

Name: _____ DOB: _____ Station #: _____

Missouri Driver's License #: _____ Expiration Date: ____/____/____

Years of Service on District: _____ Recruit Class Attended: _____
Year Session 1, 2, or 3

Date of Emergency Driving Class: ____/____/____

Are you checked out on **ALL** front-line apparatus? Yes ☐ No ☐

*(NOTE: All applicants are required to be checked out and approved by the Fire Chief to drive **ALL** front-line apparatus at their assigned station, with the exception of the hazardous materials unit, boats and brush trucks, prior to applying for a blue light permit.)*

List description of vehicle blue light will be operated on:

_____/_____/_____/_____/_____
Year Make Model Color Plate #

Type of blue light? _____

Where will light be operated? _____

Where will light be kept when not in operation? _____

Type of siren: _____ Watts: _____

Additional warning equipment, if any: _____

Ranking Station Officer Approval:

I have reviewed the above request and approve ☐ or disapprove ☐ this application.

Station Officer Signature Date

Comments: _____

For District Office Use ONLY - DO NOT Write In This Box

Verification of Driving Class: Yes ☐ No ☐ Date: _____

Verification that applicant is checked-out and approved to operate ALL front-line apparatus assigned to his/her station - list dates for the following:

Engine: _____

Tanker: _____

Grass Rig:: _____

Review of the following attached items:

☐ Driver's license background check

☐ Training record

_____	_____
Chief of Operations	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

_____	_____
Fire Chief	Date
<input type="checkbox"/> Approved	<input type="checkbox"/>

This application is denied for the following reasons:
