

WHITE FLASHING LIGHT PERMIT INSTRUCTIONS

DIRECTIONS TO ISSUE A WHITE FLASHING LIGHT PERMIT:

1. Complete this form.
2. Print and keep signed copies on file, at the service, while the permit remains active.
3. Within 15 days of issuing a permit, indicate on the AMANDA personnel roster that the individual has been issued a white light permit and upload a copy of the completed permit into AMANDA.
4. **DO NOT SEND COPIES TO THE BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES.**

INFORMATION FOR THE PERMIT HOLDER:

The Service Director or HHS may approve or deny an application. HHS may place on probation, suspend or revoke a permit if the Service Director or HHS finds reason to believe the applicant failed to follow the rules governing the white flashing lights, has been convicted of a moving violation while using the white flashing lights, has utilized a white flashing light without a permit, does not have a valid driver's license or does not have a current vehicle registration.

1. Read Iowa Administrative Code Chapter 641—133.
2. Iowa law permits the use of white flashing lights for identification of emergency providers who are responding to an emergency, at the scene of an emergency and while transporting a patient during a disaster.
3. Displaying white flashing lights does not grant the right of way. The light is for identification purposes only.
4. A white flashing light does not permit the vehicle operator to violate laws governing vehicle operation.
5. A permit must be issued for each vehicle and a copy of the permit must be carried in the vehicle.
6. Operators of a vehicle with white flashing lights must maintain a current vehicle registration, liability insurance and a valid driver's license.
7. If the appropriate red or blue flashing light permits are maintained, no white flashing light permit is required when white flashing lights are used in conjunction with red or blue flashing lights.

Iowa Department of Health and Human Services
BUREAU OF EMERGENCY MEDICAL AND TRAUMA SERVICES

PERMIT HOLDER INFORMATION:

First Name: _____ Last Name: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Driver's License #: _____ State of Issuance: _____

VEHICLE INFORMATION:

Vehicle Owner (If different than above): _____
License Plate #: _____ State of Issuance: _____
Make: _____ Model: _____ Year: _____
Liability Insurance Carrier: _____ Policy #: _____

I hereby certify that the information on this permit is correct. I agree to use white flashing lights in accordance with Iowa law and administrative rules.

Signature: _____ Date: _____

TO BE COMPLETED BY THE SERVICE DIRECTOR: Date Permit Issued: _____
Service Name: _____ Service City: _____
Service Director First Name: _____ Last Name: _____
Phone: _____ Email Address: _____

I hereby certify that the individual named on this permit is a member in good standing with this service and may respond to emergency calls for service in the above listed vehicle.

Signature: _____ Date: _____

THIS PERMIT EXPIRES 5 YEARS FROM THE DATE OF ISSUANCE OR WHEN THE MEMBER HAS CEASED TO BE AN ACTIVE MEMBER OF THE EMS SERVICE.