Form 411220
06-07

IOWA DOT
Office of Vehicle Services
515/237-3138

☐ Manufacturer
☐ Distributor
☐ Dealer

APPLICATION FOR TEMPORARY PERMIT

Manufacturer, Distributor, or Dealer
to display new ambulances, new fire vehicles, new rescue vehicles
for educational purposes at vehicle shows or vehicle exhibitions.

Applications Must Be Received 10 Days Prior To The Event

Firm Name and License No. _____

Address _____

Name and Location of Show, and/or Exhibit. *(Location must include a "physical address".)*

_____

_____

Check the type(s) of vehicle(s) you will be displaying: **FEE** $10

☐ New Ambulance(s)

☐ New Fire Vehicle(s)

☐ New Rescue Vehicle(s)

Vehicles checked will be displayed for educational purposes only for the express purpose of educating fire and rescue personnel in new technology and techniques for fire fighting and rescue efforts.

Activity Starting Date: _____ (Month) (Day) (Year) Activity Ending Date: _____ (Month) (Day) (Year)

(Not to exceed 5 days)

Name of Person(s) Sponsoring Event:

_____

_____

_____

_____

Signature of Applicant _____ Date _____

* A temporary permit shall not be issued unless the state in which the non-resident manufacturer, distributor, or dealer is licensed extends by reciprocity similar privileges to a new ambulance, fire, or rescue dealer, manufacturer, or distributor.

When completed, forward the application and payment to:
Iowa Department of Transportation, Office of Vehicle Services,
PO Box 9278, Des Moines, IA 50306-9278.