**Request for Approval to Operate Traffic Signal Control Operating Devices on State Highways**

ORS 810.260 and 815.445 and OAR 734-020-0300 to -0330 provide for the use of traffic control signal operating devices by emergency vehicles. Each emergency service provider seeking to use a traffic control signal operating device on a State Highway must make a formal request to the Oregon Department of Transportation.

To make a request, please provide the information requested below and submit it to the ODOT Region where the emergency preemption system will operate. The Region Traffic Manager will review the request and submit a recommendation to the State Traffic Engineer. The State Traffic Engineer has approval authority for all requests.

Contact the Traffic Engineering and Operations Unit, Oregon Department of Transportation at 503-986-3568, if you have questions about completing this form.

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**Emergency Service Provider**: __________________________________________ Telephone __________________________

**Address**: ___________________________ **City**: ______________________ **Zip Code**: ________________

**Contact**: ___________________________ **Title**: ___________________________ **Email**: __________________________

Indicate whether your organization is a     ____ Public agency     or      ___ Private emergency service provider

*Private emergency service providers should provide verification that the vehicles to be equipped with traffic control operating devices have been designated as emergency vehicles by ODOT’s Transportation Safety Division per OAR 737-100-0030. (Contact Program Manager Michele O’Leary at 503-986-4198 for more information about this requirement.)*

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1. List the types of vehicles that you want to equip with traffic control signal operating devices.

<table>
<thead>
<tr>
<th>Type of Vehicle</th>
<th>Gross Vehicle Weight</th>
<th>Purpose of Vehicle</th>
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2. Describe the geographical area where the emergency vehicles operate or provide a map.

3. Sign this request form and submit it to the ODOT Region Traffic Manager for review.

**Signature of Applicant**: __________________________________________ **Date**: ________________

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**ODOT Region Review**

Review the Request Form, check the following, and submit to the State Traffic Engineer for approval.

____ Region is in substantial agreement with the information supplied by the applicant.

**Region Traffic Manager**: ___________________________ **Region**: _____ **Date**: ____________

**State Traffic Engineer Review**

_________________________________________(name of emergency service provider) is authorized to operate traffic control signal operating devices on state highways in vehicles providing emergency services as provided for in ORS 810.260 and 815.445 and OAR 734-020-0300 to -0330.

**State Traffic Engineer**: __________________________________________ **Date**: ________________