



LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
REVIEW OF PERMIT REQUEST FORM FOR EMERGENCY VEHICLE PREEMPTION
ON STATE RIGHT OF WAY

LOCAL GOVERNMENT INFORMATION

Name
Mailing Address
City State Zip Code

DESIGNATED GOVERNMENT OFFICIAL CONTACT INFORMATION (OWNER)

(Submit Power of Attorney documentation stating this person has the authority to enter into a legally-binding agreement on behalf of the local government).

Name
Title
Phone Fax
Email

DESIGNATED CONTACT INFORMATION (if different from above)

Name
Title
Phone Fax
Email

LOCATION INFORMATION OF THE DEVICE

Attach map with location identified along with approximate distance from

City Parish
State Route/Corridor Route

- TSI # Name of intersecting road
TSI # Name of intersecting road
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(If more locations needed, attach additional sheets.)

ATTACH THE FOLLOWING:

- 1. A map illustrating where the signals with preemption are located
2. Specifications
3. Mounting details for attachment
4. Method of operation
5. Updated TSI form & construction plans

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.

Signature of Owner Date

Return Completed Form to the District Permit Specialist at the DOTD District Office where subject property is located.

All preemption locations shall be installed and maintained by the governmental entity listed as the owner.
A log shall be delivered every six (6) months to the appropriate District Transportation and Operations Engineer or the preemption permit will be void. This log should state what vehicle set off the preemption, how often the preemption is set off per day and the time of day the preemption is set off.
All preemption locations shall be along a corridor only.
Route includes transit priority system

DEPARTMENT OF TRANSPORTATION & DEVELOPMENT USE ONLY

Date Request Received _____ Date Owner Contacted _____
(Owner should be contacted within 14 business days of date request is received.)

District _____ Request Processed By _____ (District Permit Specialist)

District Personnel to Review

Comments:

District Traffic Operations Engineer (Print & Initial) Date

Phone # _____ email: _____

Area Engineer (Print & Initial) Date

Phone # _____ email: _____

Notification of Receipt Sent to Applicant by _____ **Date** _____
(with or without comments or resubmission instructions)

Denial Letter Sent to Applicant by _____ **Date** _____