



Appendix D to Part 595

Request for Air Bag On-Off Switch For Emergency Vehicles

If an Emergency Services Department or Organization wants authorization for front passenger air bag on-off switches for its emergency vehicles, the organization must fill out this form completely and send it to:

National Highway Traffic Safety Administration
Attention: Derrick Lewis (NIO-120)
1200 New Jersey Avenue SE
Washington, DC 20590-1000

For faster response, fax to 202-493-2833
or email derrick.lewis@dot.gov.

- Please print.
- Please note: Incomplete forms will not be processed and the requester may be contacted.
- If you need a copy of the brochure or have any questions about how to fill out this form, call the NHTSA Hotline at 888-327-4236.

Please note that a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the form for such collection of information displays a currently valid OMB control number, such as the number that appears at the top of this form.

Part A. Name and Contact Information	Email	Phone	
Name of Organization		Name of Applicant	
Street Address		City	State ZIP Code

Part B. My department or company owns or leases the following vehicle(s) (for multiple vehicles, please attach this identifying information for all vehicles on a separate piece of paper):

Intended use of vehicle:																			
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Fire response	<input type="checkbox"/> Medical response																	
Make		Vehicle Identification Number (17 numbers/letters located on the driver's side of the dashboard near the windshield, and on the certification label on the driver side door frame)																	
Model	Model year																		

Part C. Switch for Front Passenger Air Bag

<input type="checkbox"/>	I request authorization for the installation of an on-off switch for the front passenger air bag in my department's or company's emergency vehicle(s) to deactivate the front passenger air bag(s) in the vehicle(s) to protect our personnel, computers and related equipment from a deployment of the front passenger air bag(s).
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Part D. I make this request based on the following certifications and understandings

(check each box below after reading the statements carefully):

<input type="checkbox"/>	Need for the installation of equipment in the front passenger seating compartment. I certify that my department or company requires the installation of computers or other job-related equipment in the deployment zone of the front passenger air bag, and limits the use of the front passenger seating position.
<input type="checkbox"/>	Ability to install equipment outside of deployment zone. I certify that my department or company is unable to have our computers or job-related equipment installed in a manner that is effective for our use outside of the deployment zone of the front passenger air bag, due to physical constraints or the particular work-related needs of our department or company.
<input type="checkbox"/>	Loss of air bag protection. I understand that turning off an air bag may have serious safety consequences. When an air bag is off, even belted people may hit their head, neck, or chest on the steering wheel, dashboard, or windshield in a moderate to serious crash. That possibility may be increased in some newer vehicles with seat belts that are specially designed to work with the air bag. Those belts, which are designed to reduce the concentration of crash forces on any single part of the body, typically allow the occupant to move farther forward in a crash than older belts. Without the air bag to cushion this forward movement, the chance of the occupant hitting the vehicle interior is increased.
<input type="checkbox"/>	Waiver. I understand that motor vehicle dealers and repair businesses may require me to sign a waiver of liability before they install an on-off switch.

Part E. Certification

I certify to the U.S. Department of Transportation that the information, certifications, and understandings given or indicated by me on this form are truthful, correct, and complete to the best of my knowledge and belief. I recognize that the statements I have made on this form concern a matter within the jurisdiction of a Department of the United States and that making a false, fictitious, or fraudulent statement may render me subject to criminal prosecution under Title 18, United States Code, Section 1001.

Date	Signature of Applicant
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