

Motorsports Arena Certificate Approval Application

This form, completed properly and filed with the Minnesota Department of Health, constitutes application for a Certificate of Approval for operation of an enclosed arena in accordance with Minnesota Rules, part 4620.4100. This application does not imply approval or disapproval. A Certificate of Approval will be issued upon approval by the commissioner or commissioner's designee. It must be displayed in a location within the arena building that is clearly visible to the public.

General Information

Name of Arena Building _____ Arena Phone _____

Arena **Physical** Address _____

City _____ State _____ Zip Code _____

Arena **Mailing** Address _____

City _____ State _____ Zip Code _____

Arena Website: _____

Arena Building Manager (Individual) _____

Building Manager Phone _____

Building Manager Email _____

Building Operator Information

Arena Building Operator (Organization) _____

MN Business ID # _____

Building Operator Address _____

City _____ State _____ Zip Code _____

Building Operator Phone _____

Arena and Equipment Information

Normal days of week open to the public _____

Normal Operating Hours _____

MOTORSPORTS ARENA CERTIFICATE APPROVAL APPLICATION

Expected dates arena is open to public (if seasonal) _____

Type of vehicles used in arena _____

Type of fuel used in vehicles _____

Number of vehicles allowed on track at one time _____

Does the track host events with paid performers? Yes No

Trained Responsible Persons

The following individuals have received training according to Minnesota Rules, part 4620.4450 and may be the responsible person in charge at any given time.

Trained Responsible Persons

Trained Individual	Trained Individual

Air Quality Measuring Devices

The following air quality measuring devices meet the requirements of Minnesota Rules, part 4620.4550 and will be used to meet the air testing requirements of part 4620.4510, 4620.4600 and 4620.4700 in the arena building.

Air Quality Measuring Devices

Instrument Make	Model	Monitored Contaminant (CO and/or NO2)	Range in ppm (eg: 0 - 100 ppm)	Resolution (eg: 1 ppm)	Manufacturer specified calibration frequency (for electric instruments)

Individual Completing Application

I have provided true and complete information and I understand MDH's Tennesen Warning which is available by calling 651-201-4601 or found at [Tennesen Warning \(PDF\)](https://www.health.state.mn.us/communities/environment/asbestos/docs/comtenwarn.pdf) (<https://www.health.state.mn.us/communities/environment/asbestos/docs/comtenwarn.pdf>).

I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Name _____

Signature _____ Date _____

Please send completed application to:

Minnesota Department of Health
Indoor Air Unit
PO Box 64975,
St. Paul, MN 55164-0975
651-201-4601
health.indoorair@state.mn.us
www.health.state.mn.us

06/2017

To obtain this information in a different format, call: 651-201-4601.

FOR MDH USE ONLY:

Approved _____ Denied _____ Date _____