



# REQUEST FOR FIRE TRAINING APPROVAL UNDER 326 IAC 4-1 – MOTOR VEHICLE

State Form 50337 (R5 / 1-22)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY – COMPLIANCE & ENFORCEMENT  
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MC 61-50, Room 1003  
Indianapolis, IN 46204-2251  
Telephone: (317) 233-5672  
E-mail: [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov)  
Website: [www.in.gov/idem/openburning](http://www.in.gov/idem/openburning)

**NOTES:**

- This form is used to request an approval to conduct live fire training using motor vehicles, in accordance with 326 IAC 4-1. Complete and return this form, along with the Identification of Potentially Affected Persons (State Form 49635) form, to the Office of Air Quality email address provided in the upper right-hand corner.
- In case of questions, call (317) 233-5672 or e-mail [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov).

FOR OFFICE USE ONLY	
APPROVAL ID NUMBER	ASSIGNED TO

### INSTRUCTIONS

► Part A requires contact information of the responsible party conducting the fire training. Part B requires information on the physical location of the fire training site, which may include parcel numbers, nearby intersections or 911 address. If required, include a mitigation statement describing steps that will be taken to ensure the identified item(s) / area(s) are protected from adverse impacts from smoke and fire during the training. Part C requires information on the type(s) of acquired vehicle(s) to be burned during training. Part D is a checklist of supporting documentation to be included with the approval request. Once completed, **sign and date** this form in Part E and submit it, along with the **signed** "Identification of Potentially Affected Persons" <sup>1</sup> (State Form 49635), at least sixty (60) days prior to the projected training start date to [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov).

### PART A: RESPONSIBLE PARTY CONDUCTING MOTOR VEHICLE FIRE TRAINING

Name:	Title:	E-mail Address:
Company Name:	Company Mailing Address:	Telephone Number:

### PART B: MOTOR VEHICLE FIRE TRAINING LOCATION AND INFORMATION

Site Name:	Site Physical Address/Location:
County:	Projected Burn Date(s):
Purpose of Burn:	Number of Individuals to be Trained:
The training site is located within (*mitigation statement required): <ul style="list-style-type: none"> <li>• An incorporated area <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 100 feet of a structure <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 100 feet of a power line <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a fuel storage area or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a frequently traveled road <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> </ul>	Mitigation Statement (if applicable):
Name(s) of other fire departments participating:	
Control methods to be used to prevent soil contamination:	
Waste disposal methods to be used for vehicle items removed prior to burning:	
Waste disposal methods to be used for vehicle remnants after burning is complete:	

<sup>1</sup> Identification of Potentially Affected Persons (State Form 49635) available online at [www.in.gov/idem/forms/idem-agency-forms/#oag\\_compliance](http://www.in.gov/idem/forms/idem-agency-forms/#oag_compliance)

**PART C: ACQUIRED VEHICLE INFORMATION**

Make	Model	Year	Identify items to be removed from acquired vehicle prior to burning:			
			<input type="checkbox"/> Mercury switches <sup>2</sup>	<input type="checkbox"/> Driveshaft	<input type="checkbox"/> Gas tank	<input type="checkbox"/> Tires
			<input type="checkbox"/> AC refrigerants	<input type="checkbox"/> Radiator fluid	<input type="checkbox"/> Differential	<input type="checkbox"/> Oil pan
			<input type="checkbox"/> Differential fluid	<input type="checkbox"/> Shock absorbers	<input type="checkbox"/> Engine oil	<input type="checkbox"/> Engine
			<input type="checkbox"/> Brake shoes (asbestos)	<input type="checkbox"/> Transmission	<input type="checkbox"/> Brake fluid	<input type="checkbox"/> Battery
			<input type="checkbox"/> Carpet/floor mats	<input type="checkbox"/> Interior trim/plastics	<input type="checkbox"/> Dashboard	<input type="checkbox"/> Seats
			<input type="checkbox"/> Other:			

			<input type="checkbox"/> Mercury switches <sup>2</sup>	<input type="checkbox"/> Driveshaft	<input type="checkbox"/> Gas tank	<input type="checkbox"/> Tires
			<input type="checkbox"/> AC refrigerants	<input type="checkbox"/> Radiator fluid	<input type="checkbox"/> Differential	<input type="checkbox"/> Oil pan
			<input type="checkbox"/> Differential fluid	<input type="checkbox"/> Shock absorbers	<input type="checkbox"/> Engine oil	<input type="checkbox"/> Engine
			<input type="checkbox"/> Brake shoes (asbestos)	<input type="checkbox"/> Transmission	<input type="checkbox"/> Brake fluid	<input type="checkbox"/> Battery
			<input type="checkbox"/> Carpet/floor mats	<input type="checkbox"/> Interior trim/plastics	<input type="checkbox"/> Dashboard	<input type="checkbox"/> Seats
			<input type="checkbox"/> Other:			

			<input type="checkbox"/> Mercury switches <sup>2</sup>	<input type="checkbox"/> Driveshaft	<input type="checkbox"/> Gas tank	<input type="checkbox"/> Tires
			<input type="checkbox"/> AC refrigerants	<input type="checkbox"/> Radiator fluid	<input type="checkbox"/> Differential	<input type="checkbox"/> Oil pan
			<input type="checkbox"/> Differential fluid	<input type="checkbox"/> Shock absorbers	<input type="checkbox"/> Engine oil	<input type="checkbox"/> Engine
			<input type="checkbox"/> Brake shoes (asbestos)	<input type="checkbox"/> Transmission	<input type="checkbox"/> Brake fluid	<input type="checkbox"/> Battery
			<input type="checkbox"/> Carpet/floor mats	<input type="checkbox"/> Interior trim/plastics	<input type="checkbox"/> Dashboard	<input type="checkbox"/> Seats
			<input type="checkbox"/> Other:			

Vehicle(s) will be stripped except for necessary fire training materials. If no, provide an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No:
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Additional comments or information:	
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**PART D: SUPPORTING DOCUMENTATION CHECKLIST**

The following supporting documentation should be included as part of the burn approval request, as applicable:	Included:
• Burn site map, with legend, identifying training site, right of ways, and smoke sensitive areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Identification of Potentially Affected Persons (State Form 49635)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART E: SIGNATURE**

I hereby certify the information above is accurate to the best of my knowledge.

Signature:	Title:	Company Name:
Printed Name:	E-mail Address:	Date:

<sup>2</sup> Additional information available online at [www.in.gov/idem/health/common-environmental-health-threats/mercury/](http://www.in.gov/idem/health/common-environmental-health-threats/mercury/)