

## Application for Motorsports Arena Certificate Approval

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:	Phone:
Arena Physical Address:	Arena Mailing Address:
City, State, Zip:	City, State, Zip:
Arena Building Operator (Organization):	MN Business ID # 1:
Arena Building Manager (Individual):	Arena Manager Phone:

### Arena & Equipment Information

Name of Arena Building:	Phone:
Arena Physical Address:	Arena Mailing Address:
City, State, Zip:	City, State, Zip:
Arena Building Operator (Organization):	

#### For MDH Use Only

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date \_\_\_\_\_

## 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.


## 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:

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)

I have provided true and complete information and I understand MDH’s Tennessee Warning which is available by calling 651-201-4601 or see [Tennessee Warning \(PDF\)](#) (<https://www.health.state.mn.us/communities/environment/air/docs/arenas/tennessen.pdf>).

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

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**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](mailto:health.indoorair@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

Updated 06/07/2017

*To obtain this information in a different format, call:  
651-201-4601. Printed on recycled paper.*