DEPARTMENT OF HEALTH

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 facility: _____ Phone: _____

Arena **physical** address: _____

City: _____ State: _____ Zip Code: _____

Arena **mailing** address: _____

City: _____ State: _____ Zip Code: _____

Arena building manager (Individual): _____

Arena manager email: _____ Phone: _____

Arena website: _____

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 (ex. 9 am- 5 pm): _____

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

Minnesota Rules, part 4620.5500, require that a motorsport arena has a trained individual on-site when the building is open to the public. This training needs to be conducted annually and must be documented with staff signature. A training log is available on our website.

Please check the following to acknowledge:

☐ Staff have been trained **annually** on the required topics

☐ Training records or logs show staff signatures to acknowledge they have been trained

☐ Training records are kept in the arena building and available for review

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**

Individual Completing Application

I have provided true and complete information and I understand MDH's Tennessen Warning which is available by calling 651-201-4601 or found at Tennessen 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: _____

Signature _____Date_____

Please send completed application to:

Minnesota Department of Health
Indoor Air Unit
PO Box 64975
St. Paul, MN 55164-0975

Or email to: health.indoorair@state.mn.us

More information on the Minnesota Enclosed Sports Arena Rules can be found at www.health.state.mn.us or by calling 651-201-4601.

FOR MDH USE ONLY:

Approved _____ Denied_____ Date_____

Updated 9/24/2024
To obtain this information in a different format, call: 651-201-4601.