APPLICATION FOR YELLOW, RED, WHITE LIGHT PERMIT
E-215 REV. 6-2019

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
FLASHING LIGHT UNIT
On The Web At ct.gov/dmv

NOT A VALID PERMIT UNLESS VALIDATED BELOW BY STATE OF CONNECTICUT

INSTRUCTIONS:

APPLICANT MUST QUALIFY UNDER CGS SECTION 14-96q TO OBTAIN A PERMIT

1. Type or print clearly.
2. An outgoing Fire Chief/Assistant/Deputy **MUST RETURN** the existing permit for cancellation by DMV before a permit application will be accepted for the new Fire Chief/Assistant/Deputy.
3. The vehicle listed below must have a current Connecticut registration, and the application **MUST BE ACCOMPANIED BY A PHOTOCOPY** of the vehicle's current registration.
4. The correct fee must be submitted with this application. Make check or money order payable to "DMV". Do not mail cash.

Qualifying vehicles owned/leased by and registered to a government entity do not require a permit to use flashing lights.

MAIL TO: DMV, Flashing Light Unit, 60 State Street, Wethersfield, CT 06161-5051

DMV USE ONLY

EXPIRATION DATE:

APPLICANT INFORMATION

NAME OF APPLICANT OR COMPANY *(Please print)*

TITLE *(If applicant is individual)*

OPERATOR LICENSE NUMBER

ADDRESS *(Number and Street)*

☐ **NEW** ☐ **RENEWAL** ☐ **TRANSFER VEHICLE ON PERMIT**

(City or Town) *(State)* *(Zip Code)*

PHONE NUMBER

ALL PERMITS $20 ANNUALLY

TYPE OF PERMIT (Check all that apply)

☐ **AMBER/ YELLOW LIGHT PERMIT** ☐ **RED LIGHT PERMIT** ☐ **WHITE LIGHT PERMIT**

VEHICLE INFORMATION

MAKE

YEAR

TYPE OF VEHICLE

REGISTRATION PLATE NO. *(The vehicle must be currently registered in CT)*

VEHICLE IDENTIFICATION NUMBER (VIN)

OWNER'S NAME AND ADDRESS

APPLICANT CERTIFICATION

PURPOSE FOR PERMIT *(please detail)*

☐ **FIRE CHIEF** ☐ **ASST. FIRE CHIEF*** ☐ **DEPUTY FIRE CHIEF*** Fire Dept. Affiliation _____

DMV will issue up to 5 permits per department for persons with the above titles

☐ **CEO-EMERGENCY MEDICAL SERVICE ORG. (must meet definition in CGS sec. 19a-175)** ☐ **ASSISTANT/DEPUTY ORG. TO CEO** **NAME** _____

☐ **FIRE MARSHAL** ☐ **DIR. OF EMERGENCY MANAGEMENT**

☐ **FIRE POLICE- (red or yellow *only*; for stationary vehicle directing traffic)**

If applicable, specify municipality requesting above permit(s) _____

I, the undersigned, declare under penalty of false statement that the information furnished above is true and complete to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

X

DATE SIGNED

REQUIRED AUTHORIZATION

(PERMIT WILL NOT BE PROCESSED WITHOUT AUTHORIZATION)

I certify that I am authorized to sign this application of behalf of the town, department or company named above, that the vehicle qualifies for a permit under CGS section 14-96q and that the lights are to be used exclusively on the above vehicle.

AUTHORIZED SIGNATURE

X

TITLE

DATE SIGNED

SIGNED BY *(Check applicable box)*

☐ **CHIEF OF FIRE DEPARTMENT** ☐ **OFFICIAL OF EMERGENCY MEDICAL SERVICE ORGANIZATION** ☐ **EMERGENCY MANAGEMENT OFFICIAL** ☐ **TOWN OFFICIAL**

PRINTED NAME AND DEPARTMENT OF AUTHORIZER

PHONE NUMBER

D M V U S E O N L Y

REMARKS AND SPECIAL RESTRICTIONS

APPLICATION STATUS: ☐ *APPROVED* ☐ *NOT APPROVED*

* Must have the title "Assistant Fire Chief" or "Deputy Fire Chief."