APPLICATION FOR YELLOW, RED, WHITE LIGHT PERMIT
E-215 REV. 12-2018

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.
5. To qualify for a fee exemption, the vehicle must be owned by or leased to a government entity, registered to that entity or in the case of a lease, the entity must appear on the registration as the lessee.

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 TO CEO** **ORG. 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

DMV USE ONLY

REMARKS AND SPECIAL RESTRICTIONS

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

* For our records we only recognize the title of Assistant Fire Chief or Deputy Fire Chief