BLUE LIGHT PERMIT E-215B NEW 12-2018

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

FLASHING LIGHT UNIT On The Web At ct.gov/dmv



INSTRUCTIONS:

- Permit is issued by CEO of: (a) volunteer fire department or company; or (b) organized civil
 preparedness auxiliary fire company.
- 2. Blue flashing lights may be used on a motor vehicle operated by an active member of a volunteer fire department or company or organized civil preparedness auxiliary fire company.
- 3. Lights may only be used while on the way to or while at the scene of an emergency that requires the member's services.
- 4. The vehicle listed below must have a current Connecticut registration.
- 5. CEO must maintain a complete list of the names and addresses of all members who are authorized to use flashing blue lights.
- 6. Only the CEO is authorized to revoke a blue light permit.

ISSUE DATE:

EXPIRATION DATE:

DO NOT return this form to the	Department of N	Motor Vehicles.	Maintain for
your records.			

our records.						
	NAME OF APPLICANT (Please Print)		TITLE	O	OPERATOR LICENSE NUMBER	
APPLICANT INFORMATION	ADDRESS (Number and Street) (City or Town) (State) (Zip Code)		□ NEW	☐ RENEV	VEHICLE	
	(City or Town) (State)	(Zip Gode)			ON PERMIT	
	MAKE	YEAR	TYPE OF VEHICLE			
VEHICLE INFORMATION	REGISTRATION PLATE NO. (The vehicle must be currently registered in CT) VEHICLE IDENTIFICATION NUMBER (V			TION NUMBER (VIN)		
	OWNER'S NAME AND ADDRESS					
	NAME OF VOLUNTEER FIRE DEPARTMENT OR COMPANY OR ORGANIZED CIVIL PREPAREDNESS AUXILIARY FIRE COMPANY (Please Print)					
ASSOCIATION OR COMPANY INFORMATION	ADDRESS (Number and Street)					
	(City or Town)	(Sta	ate)	(Zip Code)		
CERTIFICATION	I certify that I am an active member of (a) a volunteer fire department or company; or (b) an organized civil preparedness auxiliary fire company, and that I will use the blue lights authorized by this permit while on the way to or at the scene of an emergency requiring my services.					
	SIGNATURE OF MEMBER			DA	DATE SIGNED	
	x					
REQUIRED	AUTHORIZED SIGNATURE OF CEO OF FIRE DEPARTMENT OR COMPANY OR ORGANIZED CIVIL PREPAREDNESS AUXILIARY FIRE COMPANY			DA	TE SIGNED	
UTHORIZATION						
PERMIT WILL NOT BE PROCESSED WITHOUT	PRINTED NAME OF CEO					
AUTHORIZATION)						
EMARKS AND SPECIAL RE	STRICTIONS			•		
PERMIT/ APPLICATION STA	TUS:			DA	TE OF REVOCATION	
☐ APPROV	ED NOT APPROV	/ED 🗆	PERMIT REVO	KED		