

**APPLICATION FOR YELLOW,  
RED, WHITE LIGHT PERMIT**  
E-215 REV. 10-2023

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:**

<b>APPLICANT INFORMATION</b>	NAME OF APPLICANT OR COMPANY <i>(Please print)</i>	TITLE <i>(If applicant is individual)</i>	OPERATOR LICENSE NUMBER
	ADDRESS <i>(Number and Street)</i>	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER VEHICLE ON PERMIT	
	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>	PHONE NUMBER	<b>ALL PERMITS \$20 ANNUALLY</b>

TYPE OF PERMIT (Check all that apply)

AMBER/ YELLOW LIGHT PERMIT     
  RED LIGHT PERMIT     
  WHITE LIGHT PERMIT

<b>VEHICLE INFORMATION</b>	MAKE	YEAR	TYPE OF VEHICLE
	REGISTRATION PLATE NO. <i>(The vehicle must be currently registered in CT)</i>		VEHICLE IDENTIFICATION NUMBER (VIN)
	OWNER'S NAME AND ADDRESS		

<b>APPLICANT CERTIFICATION</b>	PURPOSE FOR PERMIT <i>(please detail)</i>		
	<input type="checkbox"/> FIRE CHIEF <input type="checkbox"/> ASST. FIRE CHIEF* <input type="checkbox"/> DEPUTY FIRE CHIEF*	Fire Dept. Affiliation _____	
	<input type="checkbox"/> CEO-EMERGENCY MEDICAL SERVICE ORG. <input type="checkbox"/> ASSISTANT/DEPUTY ORG.		
	(must meet definition in CGS sec. 19a-175)      TO CEO      NAME _____		
	<input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> DIR. OF EMERGENCY MANAGEMENT	<input type="checkbox"/> CONSTABLES (Red only for stationary vehicle directing traffic)	
<input type="checkbox"/> FIRE POLICE- (red or yellow only; for stationary vehicle directing traffic)	<input type="checkbox"/> CONSTABLE AFFILIATION _____		
<b>If applicable, specify municipality requesting above permit(s)</b>			

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	DATE SIGNED
X	

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.

<b>REQUIRED AUTHORIZATION</b>	AUTHORIZED SIGNATURE	TITLE	DATE SIGNED
	X		

<b>(PERMIT WILL NOT BE PROCESSED WITHOUT AUTHORIZATION)</b>	SIGNED BY <i>(Check applicable box)</i>		
	<input type="checkbox"/> CHIEF OF FIRE DEPARTMENT <input type="checkbox"/> OFFICIAL OF EMERGENCY MEDICAL SERVICE ORGANIZATION <input type="checkbox"/> EMERGENCY MANAGEMENT OFFICIAL <input type="checkbox"/> TOWN OFFICIAL		
	PRINTED NAME AND DEPARTMENT OF AUTHORIZER	PHONE NUMBER	

**DMV USE ONLY**

REMARKS AND SPECIAL RESTRICTIONS

**APPLICATION STATUS:**     APPROVED     NOT APPROVED

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