



**INSTRUCTIONS:**

1. Permit is issued by CEO of: (a) volunteer fire department or company; (b) organized civil preparedness auxiliary fire company; or (c) volunteer ambulance association.
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 or volunteer ambulance association.
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 Motor Vehicles. Maintain for your records.**

<b>APPLICANT INFORMATION</b>	NAME OF APPLICANT <i>(Please Print)</i>		TITLE		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>			
<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>ASSOCIATION OR COMPANY INFORMATION</b>	NAME OF VOLUNTEER FIRE DEPARTMENT OR COMPANY OR ORGANIZED CIVIL PREPAREDNESS AUXILIARY FIRE COMPANY OR VOLUNTEER AMBULANCE ASSOCIATION <i>(Please Print)</i>					
	ADDRESS <i>(Number and Street)</i>					
	<i>(City or Town)</i>		<i>(State)</i>		<i>(Zip Code)</i>	
<b>CERTIFICATION</b>	I certify that I am an active member of (a) a volunteer fire department; or (b) an organized civil preparedness auxiliary fire company; or (c) volunteer ambulance association, 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				DATE SIGNED	
<b>REQUIRED AUTHORIZATION</b>  ( PERMIT WILL NOT BE PROCESSED WITHOUT AUTHORIZATION)	AUTHORIZED SIGNATURE OF CEO OF FIRE DEPARTMENT OR COMPANY OR ORGANIZED CIVIL PREPAREDNESS AUXILIARY FIRE COMPANY OR VOLUNTEER AMBULANCE ASSOCIATION				DATE SIGNED	
	PRINTED NAME OF CEO					

REMARKS AND SPECIAL RESTRICTIONS

PERMIT/ APPLICATION STATUS:			DATE OF REVOCATION
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> PERMIT REVOKED	