

APPLICATION FOR FLASHING LIGHT PERMIT- EMERGENCY VEHICLE

E-215EV REV. 1-2022

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

EMERGENCY VEHICLES, AS DEFINED IN 14-283(a), QUALIFY FOR A PERMIT TO USE BLUE, RED, YELLOW OR WHITE LIGHTS OR ANY COMBINATION OF THOSE COLORS (Section 14-96q(h))

INSTRUCTIONS:

1. Type or print clearly.
2. 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.
3. The correct fee must be submitted with this application. Make check or money order payable to "DMV." Do not mail cash.

Emergency vehicles such as state and local police or fire 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 <i>(Please print)</i>		TITLE <i>(If applicant is individual)</i>		
	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	ALL PERMITS \$20 ANNUALLY

VEHICLE INFORMATION	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 <i>(If different from applicant)</i>				

APPLICANT CERTIFICATION	<p>The following vehicles qualify as emergency vehicles under section 14-283(a) of the Connecticut General Statutes and require a permit under section 14-96q(h):</p> <p><i>An ambulance or vehicle operated by a member of an emergency medical service organization responding to an emergency call;</i></p> <p><i>A vehicle used by a fire department or by any officer of a fire department or any DEEP vehicle driven by a DEEP employee while on the way to a fire or while responding to an emergency call but not while returning from a fire or emergency call.</i></p>	
	<p>I, the undersigned, declare under penalty of false statement that the vehicle for which I am requesting the permit meets the definition of an "emergency vehicle" specified above and the information stated herein is true and complete to the best of my knowledge and belief.</p>	
	SIGNATURE OF APPLICANT	DATE SIGNED
	X	

REQUIRED AUTHORIZATION (PERMIT WILL NOT BE PROCESSED WITHOUT AUTHORIZATION)	I certify that I am authorized to sign this application of behalf of the company named above, that the vehicle qualifies for a permit under CGS section 14-96q(h) and that the lights are to be used exclusively on the above vehicle.		
	AUTHORIZED SIGNATURE	TITLE	DATE SIGNED
	X		
	SIGNED BY <i>(Check applicable box)</i>		
<input type="checkbox"/> AMBULANCE COMPANY OFFICIAL <input type="checkbox"/> OFFICIAL OF EMERGENCY MEDICAL SERVICE ORGANIZATION <input type="checkbox"/> FIRE CHIEF			
PRINTED NAME AND DEPARTMENT OF AUTHORIZER		PHONE NUMBER	

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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