

**APPLICATION FOR YELLOW/
AMBER LIGHT PERMIT-
MAINTENANCE AND ESCORT**
E-215ME NEW 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**

YOU MUST QUALIFY UNDER CGS SECTION 14-96q(f) TO OBTAIN A PERMIT

INSTRUCTIONS:

1. Type or print clearly. For a list of vehicles that qualify for yellow/amber lights, go to WEBSITE.
2. The application **MUST BE ACCOMPANIED BY A PHOTOCOPY** of the vehicle's current registration.
3. The permit fee must be submitted with this application. Make check or money order payable to "DMV." Do not mail cash.
4. 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 <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

ALL PERMITS \$20 ANNUALLY

VEHICLE TYPE

MAINTENANCE VEHICLE

ESCORT VEHICLE *(CT registered only)*

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		

APPLICANT CERTIFICATION	Town (if applicable) _____
	Company Name _____
	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	

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 yellow/amber lights under CGS section 14-96q(f) 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"/> TOWN OFFICIAL <input type="checkbox"/> DEPARTMENT OF TRANSPORTATION <input type="checkbox"/> COMPANY OFFICIAL			
PRINTED NAME AND DEPARTMENT OF AUTHORIZER		PHONE NUMBER	

DMV USE ONLY

REMARKS AND SPECIAL RESTRICTIONS

APPLICATION STATUS: *APPROVED* *NOT APPROVED*