

**APPLICATION FOR FLASHING LIGHT/SIREN PERMIT**  
E-215 REV. 10-2005

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:**

1. Type or print clearly.
2. Current permits issued to the outgoing Fire Chief/Assistant **MUST BE SURRENDERED** for cancellation before an application can be accepted for the new Fire Chief/Assistant.
3. The vehicle listed below must have a current Connecticut registration. The application **MUST BE ACCOMPANIED BY A PHOTOCOPY** of the vehicle's current registration.
4. If applying for a flashing light permit, the correct fee according to the listing below must be submitted with this application. Make check or money order payable to "DMV". Do not mail cash.
5. To qualify for a fee exemption if the vehicle is owned by or leased to the state or a municipality, submit with this application a letter of verification from an authorized state or municipal official stating that the vehicle is owned by or leased to the state or a municipality.

**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>	<b>ALL PERMITS \$20 ANNUALLY</b>	

TYPE OF PERMIT

- FLASHING AMBER LIGHT PERMIT     
  FLASHING RED LIGHT & SIREN PERMIT     
  FLASHING WHITE LIGHT & SIREN PERMIT     
  FLASHING RED & WHITE LIGHT & SIREN 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*	Fire Dept. Affiliation _____
	<input type="checkbox"/> CEO AMB CO. <input type="checkbox"/> ASST. TO CEO <input type="checkbox"/> FIRST RESP.	Amb Co. Affiliation _____
	<input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> DIR. OF EMERG. MGMT.	Town Affiliation _____
	<input type="checkbox"/> OTHER <b>(Please Explain)</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		

<b>REQUIRED AUTHORIZATION</b>  ( PERMIT WILL NOT BE PROCESSED WITHOUT AUTHORIZATION )	I, the undersigned, believe that the best interest of the community will be served if the applicant name above is granted the type of permit(s) indicated above.		
	AUTHORIZED SIGNATURE	TITLE	DATE SIGNED
	X		
	SIGNED BY <i>(Check applicable box)</i>		
<input type="checkbox"/> LOCAL CHIEF OF POLICE <input type="checkbox"/> LOCAL CHIEF OF FIRE DEPARTMENT <input type="checkbox"/> LOCAL MAYOR <input type="checkbox"/> OFFICIAL OF DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES <input type="checkbox"/> DEPARTMENT OF TRANSPORTATION			
PRINTED NAME AND DEPARTMENT OF AUTHORIZER		DEPT. I.D. NUMBER	

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REMARKS AND SPECIAL RESTRICTIONS

APPLICATION STATUS:       APPROVED       NOT APPROVED

\* For our records we only recognize the title of Assistant Chief