



**DIVISION OF MOTOR VEHICLES
ENFORCEMENT OFFICE**

600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-5736 Fax: 401-462-5789
www.dmv.ri.gov

FLASHING LIGHT PERMIT APPLICATION

In order to process this application, please fill out the requested information and submit a copy of the registration and a personal check or money order for \$26.50, made payable to the Division of Motor Vehicles.

Application is hereby made to the administrator of the Division of Motor Vehicles for permission to equip and use the following device(s):

RED Ambulances

AMBER Wrecker Trucks; Service Station Trucks; State and Town Snowplows and Tractors; Light Company Trucks; Telephone Company Trucks; Water Company Trucks; and Other Utility Trucks; Vehicles of Television, Radio and Press Photographers; Rural Mail Carriers; All Motor Propelled Vehicles Owned by the Northern Rhode Island REACT (Radio Emergency Association Citizen Team), when on Official Business.

REGISTERED OWNER'S INFORMATION

Full Name: _____

Residence Number & Street: _____

Residence City/State/Zip: _____

Registration #: _____

Year / Make (of Vehicle): _____

Vehicle Identification #: _____

Location of light on vehicle: Roof Window Other _____

Vehicle will be used for: Snow Removal Ambulance
 Municipal Emergency Public Service
 Other (please explain) _____

I hereby declare that the above information is true and I agree to immediately surrender this permit to the Division of Motor Vehicles when the above vehicle ceases to be an emergency vehicle or is sold or transferred by me.

It is understood that this permit may be suspended or cancelled by the administrator of the Division of Motor Vehicles or his/her authorized agent when any of the terms under which the permit is issued are violated.

Signature of Applicant: _____ Date: _____

Official Use Only
Approved/Denied by: _____ Date: _____
Permit Issued by: _____ Sticker #: _____