# INFORMATIOIN PERTAINING TO RED LIGHT PERMITS FOR COUNTY EMERGENCY MANAGEMENT COORDINATORS

#### **ELIGIBLE:**

Permits for emergency red lights may be granted to County Emergency Management Coordinators and the Deputy County Emergency Management Coordinator to use a red light and siren on the vehicle which they own or lease.

### POSSESSION AND EXHIBITION OF PERMIT:

The permit must be in the possession of the Coordinator at all times when the vehicle is being operated while the red light is displayed on the vehicle. It must be exhibited upon the request of any law enforcement official.

## PERMIT VALIDITY; CANCELLATION; REVOCATION:

The permit is valid only during the term of office of the holder for a period of two (2) years from the date of issue, whichever period is shorter. It is nontransferable. At the expiration or upon termination of office, or upon the sale, transfer, disposal or termination of the lease of the vehicle for which the permit is issues, the permit shall be surrendered to the Director, State Office of Emergency Management. Cancelled or revoked permits must be surrendered by the holder within ten (10) days.

## **MOUNTING OF LIGHTS; USE:**

Any siren must be mounted under the hood or in the center of the roof of the vehicle. Any red light used must be a portable light in a magnetic base. The red light may be affixed to the vehicle at such times when the vehicle is being operated in response to an emergency. The red light may only be mounted on the roof of the vehicle. Mounting on the interior front dashboard, fenders or any other location of the vehicle is prohibited. At the conclusion of the emergency, the red light must be removed. Use of the light and/or siren during any such simulated emergencies or training is prohibited.

Questions related to this Application may be directed to the Business Licensing Services Bureau at (609) 292-6500 ext. 5014.

Para asistencia en Espanol por favor utilice (609) 292-6500 ext. 5008.





## APPLICATION FOR RED LIGHT PERMIT FOR COUNTY EMERGENCY MANAGEMENT COORDINATOR

	Date
I,	(print name and address of applicant)
	. ,
hereby apply for a Red Light/Siren Pern	nit for the following vehicle:
NJ Driver License Number	
Name of Registered Owner/Lessee	
Street Address	
City, County, State, Zip	
Vehicle make, model, year	
Registration Plate No	VIN
Describe use of vehicle	
Signature of Applicant	Title
Organization	Corp Code
	ETED BY THE DIRECTOR OF THE BOARD OF CHOSEN FREEHOLDERS:
l,	the Director of the Board of Chosen Freeholders for
Cour for the use of a red light/siren on the ve	nty, affix my signature in approval of the above application to be granted a permit hicle described above.
	Director, Board of Chosen Freeholders
SECTION IS TO BE COMPLETED BY	THE DIRECTOR OF THE STATE OFFICE OF EMERGENCY MANAGEMENT
I affix my signature in agr the above applicant to be granted a per	reement to the approval of the County Emergency Management Coordinator for mit for the use red light/siren.
	Director, State Office of Emergency Management

**ATTACH THE FOLLOWING:** A copy of the registration for the vehicle described above; a copy of the lease agreement/contract if the vehicle is leased; the letter of request from your municipality.