

New Jersey Motor Vehicle Commission

Business Licensing Services Bureau

P.O. Box 171

Trenton, New Jersey 08666-0171

FLASHING AMBER LIGHT PERMIT

INSTRUCTIONS

Please ensure that the correct application is completed for an amber light permit and that all required documents, signatures, and fees are submitted with your application, as any errors and/or omissions will delay the processing of your request. Please refer to N.J.S.A. 39:3-50, N.J.S.A. 39:3-54.24, 54.25 and N.J.A.C. 13:24-4.1 et. seq., for the full text of the provisions governing the application for and the use of flashing amber lights.

Permit Eligibility

Owners or lessees of vehicles to be used for the following business operations are eligible for flashing amber light permits:

(1) Tow trucks bearing commercial registration

The use of the flashing amber light is restricted to operation on a public highway at the scene of an accident or breakdown while preparations are being made for vehicle removal and while the tow truck is towing or transporting the disabled vehicle from the scene of an accident or breakdown to the place of storage or repair. (N.J.A.C. 13:24-4.1(a)1) See: Applicable Codes Below

(2) Service vehicles bearing commercial registration

A flashing amber light may be used on a public highway where such warning light activation is necessary for the protection of the public or service vehicle personnel. (N.J.A.C. 13:24-4.1(a)2) "Service vehicle" means any vehicle bearing commercial registration that is used to perform some type of maintenance, inspection, or repair function within the confines of public highways or any vehicle used to transport or escort over-dimensional loads on public highways. (N.J.A.C. 13:24-1.1) See: Applicable Codes Below

(3) Snow-removal and /or sanding vehicles bearing commercial registration

Use of the flashing amber light is permitted only where such vehicle is actually engaged in snow removal, sanding or plowing operation on a public highway, and the vehicle owner or lessee has a snow-removal or sanding contract with a governmental agency. (N.J.A.C. 13:24-4.1(a)3) See: Applicable Codes Below

(4) New Jersey Department of Transportation (NJDOT) contractor/subcontractor (consultant/sub-Consultant) employee vehicles bearing passenger registration

The use of a flashing amber light is permitted on a vehicle owned or leased by a employee of a contractor or subcontractor (consultant or sub-consultant) of the NJDOT, and the amber light may be operated only when the vehicle is being utilized by the employee in the performance of his or her official duties at a NJDOT worksite. (N.J.A.C. 13:24-4.1(a)5) Codes: 1 thru 9 and 15

(5) New Jersey Turnpike Authority (NJTA) or South Jersey Transportation Authority (SJTA) contractor/sub-contractor (consultant/sub-consultant) employee vehicles bearing passenger registration

The use of a flashing amber light is permitted on a vehicle owned or leased by n employee of a contractor or subcontractor (consultant or sub-consultant) of the NJHA or SJTA, and the amber light may be operated only when the vehicle is being used by the employee in the performance of his or her assigned duties at a worksite of the applicable Authority. (N.J.A.C. 13:24-4.1(a)6) Codes: 1 thru 9 and 15

(6) Security services vehicles bearing commercial registration

The use of a flashing amber light is permitted on a vehicle bearing commercial registration, which is owned or leased by a business that provides security services for commercial businesses or private residences, and the use of the amber light is permitted only while the vehicle is actually engaged in providing security services. (N.J.A.C. 13:24-4.1(a)7) See: Applicable Codes Below

Applicable Commercial Vehicle Registration Codes for permits 1, 2, 3 and 6. Codes: 11, 16, 23, 31, 32, 33, 39, 41, 51, 52 and 56

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ADDITIONAL INSTRUCTIONS

Please refer to N.J.S.A. 39:3-50 and N.J.A.C. 13:24-4.1, et. seq., for the full text of the provisions governing the application for and the use of flashing amber lights.

Permit Fees

Initial permit issuance: \$25 per vehicle on which an amber light will be used. (N.J.S.A 39:3-50(d))

Renewal of permit: \$25 per vehicle on which an amber light will be used. (N.J.S.A 39:3-50(d))

Make check payable to: "NEW JERSEY MOTOR VEHICLE COMMISSION" or "NJMVC" for the TOTAL FEE

TOTAL FEE = Number of Vehicles x \$25 (E.g., 1 vehicle = \$25, 2 vehicles = \$50).

Possession and Exhibition of Permit

The permit must be in the possession of the operator at all times when the flashing amber light is displayed on the vehicle and shall be exhibited upon the request of any law enforcement official or authorized representative of the New Jersey Motor Vehicle Commission. (N.J.A.C. 13:24-4.3)

Permit Validity; Cancellation; Revocation

The Flashing Amber Light permit is valid for four years from the date of issuance, unless cancelled or revoked, and is non-transferable. Termination of the type of employment or service for which the permit is issued, or the sale, transfer, disposal or termination of the lease of the vehicle for which the permit was issued, automatically and immediately cancels the permit and invalidates the authority for use of such light. The permit is to be surrendered to the New Jersey Motor Vehicle Commission by the permit holder within 10 business days from the cancellation or revocation. (N.J.A.C. 13:24-4.2, 4.5, et seq.)

Mounting of Lights

A flashing amber light utilized on a vehicle shall be mounted so that at least one such light is clearly visible from every direction when the vehicle is being used for the type of employment or service for which the permit was issued. Alternately flashing or strobe headlights are prohibited and shall not be incorporated into the housing of any lighting permitted. (N.J.A.C. 13:24-4.4)

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.*



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171, Trenton, NJ 08666-0171
609-292-6500 #5014

FLASHING AMBER LIGHT PERMIT APPLICATION TOW TRUCKS, SERVICE VEHICLES, SNOW-REMOVAL/SANDING VEHICLES or SECURITY SERVICES

Business Information

Business Name		
Full Address		
City		
State/Zip	County	
Business Corp Code		
Contact Name	Business Phone Number	Business Email Address

Provide a detailed description of the type of service and location (include County name(s)) where amber light will be operated:

Vehicle Information (7ca a YfVJ U F Y [l g f U h] c b 7 c X Y g % 8 / a % 8 z & ' z ' % a ' & z ' ' z ' - z (% a) % a) & U b X) *)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee				Relationship of Registered Owner/Lessee to Applicant			
Street Address							
City		State		Zip		County	
License Plate No.		Year		Make		Model	
VIN							

Applicant Signature: _____ Date: _____

Title: _____

After completion, this application must be signed by the chief law enforcement official in the municipality in which the service is being provided. Thereafter, the application and required fee should be submitted to the Commission. (N.J.A.C. 13:24-4.2(b))

ATTACH THE FOLLOWING:

- A copy of the registration for the vehicle described above
- A copy of the lease agreement (if the vehicle is leased)
- Check payable to "NJMVC" for Total Fee (See Instructions)

Total Fee Enclosed _____

Chief Law Enforcement Approval

Law Enforcement Organization _____

Address _____

Contact Phone No. _____ City _____ State/Zipcode _____

Email Address _____

Corp Code _____

I, _____, have read the instructions pertaining to this application for a flashing
(chief law enforcement official)

amber light permit for the vehicle(s) and services described above, and believe that the applicant qualifies for this permit.

Signature _____ Title _____ Date _____



**New Jersey
Motor Vehicle Commission**

Business Licensing Services Bureau
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**FLASHING AMBER LIGHT PERMIT APPLICATION
NEW JERSEY DEPARTMENT OF TRANSPORTATION
CONTRACTOR/SUBCONTRACTOR (CONSULTANT/SUBCONSULTANT) EMPLOYEE**

Employee Information (Permit Holder)

Employee's Name

Full Address

City

State/Zip

Driver License Number

(Attach legible copy of driver license if not New Jersey)

Daytime Telephone Number

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (DUggYb[Yf F Y[]ghfUH]cb `7 cXYg %h fi ` - UbX %)

**I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)**

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VIN

Employee Signature: _____

Date: _____

Employee Title: _____

After completion, this application must be signed by an authorized representative of the contractor or subcontractor (consultant or subconsultant) of the NJDOT. Thereafter, the application and required fee should be submitted to the Commission. (N.J.A.C. 13:24-4.2(d))

- ATTACH THE FOLLOWING:**
- A copy of the registration for the vehicle described above
 - A legible copy of driver license if not New Jersey
 - A copy of the lease agreement (if the vehicle is leased)
 - Check payable to "NJMVC" for Total Fee (See Instructions)

Total Fee Enclosed _____

Contractor/Subcontractor (Consultant/Subconsultant) Information

Business Name

Business Address

Street

City

State/Zip

Business Phone Number

Business Email Address

Business Corp Code

I, _____, have read the instructions pertaining to this application for a
(authorized representative)
flashing amber light permit for the vehicle and services described above, and believe that the applicant qualifies for said permit.

Signature: _____ Title _____ Date: _____



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FLASHING AMBER LIGHT PERMIT APPLICATION

NEW JERSEY TURNPIKE AUTHORITY or SOUTH JERSEY TRANSPORTATION AUTHORITY
CONTRACTOR/SUBCONTRACTOR (CONSULTANT/SUBCONSULTANT) EMPLOYEE

Employee Information (Permit Holder)

Employee's Name		
Full Address	City	State/Zip
Driver License Number	(Attach legible copy of driver license if <u>not</u> New Jersey)	
Daytime Phone Number		

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (Passenger Registration Codes 1 thru 9 and 15)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee				Relationship of Registered Owner/Lessee to Applicant			
Street Address							
City			State	Zip	County		
License Plate No.		Year	Make		Model		
VIN							

Employee Signature: _____ Title _____ Date: _____

After completion, this application must be signed by an authorized representative of the contractor or subcontractor (consultant or subconsultant) of the applicable Authority and thereafter forwarded to the Executive Director of the applicable Authority or to his or her designee for signature. Thereafter, the application and required should be submitted to the Commission. (N.J.A.C. 13:24-4.2(e))

- ATTACH THE FOLLOWING:**
- A copy of the registration for the vehicle described above
 - A legible copy of the driver license if not New Jersey
 - A copy of the lease agreement (if the vehicle is leased)
 - Check payable to "NJMVC" for Total Fee (See Instructions)

Total Fee Enclosed _____

Contractor/Subcontractor (Consultant/Subconsultant) Information

Business Name		
Business Address		
Street	City	State/Zip
Business Phone Number	Business Email Address	
Business Corp Code		

I, _____, have read the instructions pertaining to this application for a flashing amber light permit for the vehicle and services described above, and believe that the applicant qualifies for said permit.

Signature: _____ Title _____ Date: _____

Executive Director or Designee Approval

Signature _____	Title _____	Date _____
Name of Authority _____		
Authority's Phone No. _____	Authority's Email Address _____	
Corp code _____		