

## INFORMATION PERTAINING TO **BLUE** EMERGENCY WARNING LIGHT REGULATIONS

### **ELIGIBILITY:**

Applicant for permit authorizing the use of blue emergency warning lights pursuant to N.J.A.C. 13:24 et seq., may be considered eligible only if the applicant is an **active member in good standing** of a volunteer fire company, first aid or rescue squad, or a county or municipal Office of Emergency Management volunteer whose official duties include responding to a fire or emergency call.

### **POSSESSION AND EXHIBITION OF PERMIT:**

The permit must be in the possession of the operator at all times when the blue light(s) are operated on the vehicle and must be exhibited upon the request of any law enforcement official.

### **PERMIT VALIDITY, CANCELLATION, REVOCATION:**

Permits are valid for four (4) years from the date of issuance and are non-transferable. When a person to whom a permit is issued ceases to be an active member in good standing of a volunteer fire company, volunteer first aid or rescue squad, or a volunteer Office of Emergency Management, the permit must be surrendered. Permits must be surrendered to the Motor Vehicle Commission within ten (10) days of the date of cancellation or revocation.

### **MOUNTING OF LIGHTS:**

Emergency warning lights shall be removable or permanently attached of the flashing or revolving type, equipped with a blue lens and controlled by a switch installed inside the vehicle, or shall be blue of the light bar type.

No more than two emergency warning lights shall be installed on a vehicle. If one light is used it shall be installed in the center of the roof of the vehicle, or on the front of the vehicle so that the top of the emergency warning light is no higher than the top of the vehicles headlights, or in the center of the dashboard. It may be a low profile light bar of the strobe, halogen, or incandescent type, or a combination thereof. If two lights are used they may be placed on the windshield columns on each side of the vehicle where spotlights are normally mounted, or on either side of the roof at the front of the vehicle directly back of the top of the windshield. Under no circumstances may one light be placed on the roof and one on the windshield column in the spotlight position. Light elements shall be shielded from direct sight of view of the driver.

*ALTERNATING FLASHING OR STROBE HEADLIGHTS ARE PROHIBITED AND SHALL NOT BE INCORPORATED INTO THE HOUSING OF ANY LIGHTING*

### **USE:**

The blue emergency warning lights may be used **only** when the vehicle is being operated in response to an emergency. Any other use of the light 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 BLUE LIGHT PERMIT  
VOLUNTEER COUNTY EMERGENCY MANAGEMENT**

I hereby apply for a permit authorizing the installation and use of blue emergency warning lights.

**(PLEASE PRINT CLEARLY)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
N.J. Driver License Number

\_\_\_\_\_  
Organization's Name in Full

\_\_\_\_\_  
Organization's Corp Code

Please Check:  INITIAL  
 RENEWAL  DUPLICATE Permit No.: \_\_\_\_\_

By placement of signature below, certifies that the volunteer listed above is an active member, in good standing, in a volunteer emergency management squad of the county which recognizes and is being served by the volunteer emergency management squad.

\_\_\_\_\_  
Signature County Emergency Management Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name County Emergency Management Coordinator

\_\_\_\_\_  
County

\_\_\_\_\_  
Signature Director Board of Chosen Freeholders

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Director Board of Chosen Freeholders

\_\_\_\_\_  
Signature Mayor or Chief Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name Mayor or Chief Executive Officer

\_\_\_\_\_  
Governing Body

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City and Zip Code