



Business Licensing Services Bureau  
P.O. Box 170  
Trenton, NJ 08666-0160  
609-292-6500 ext. 5094  
609-292-4400

## INFORMATION PERTAINING TO EMERGENCY BLUE WARNING LIGHTS

### **ELIGIBILITY:**

An applicant for a permit authorizing the use of emergency blue 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 emergency blue 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 the application for an emergency blue warning light may be directed to the Business Licensing Services Bureau at (609) 292-6500 ext. 5014.***



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## APPLICATION FOR MUNICIPAL EMERGENCY BLUE WARNING LIGHTS VOLUNTEER OFFICE OF EMERGENCY MANAGEMENT

Date: \_\_\_\_\_

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

**(PLEASE PRINT)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

\_\_\_\_\_  
 NJ Driver License Number

\_\_\_\_\_  
 Signature of Chief/Captain of Volunteer Organization

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

\_\_\_\_\_  
 Organization's NJMVC EIN

Please check:  Paid Employee  Volunteer

Initial  Renewal  Duplicate

Permit No.: \_\_\_\_\_

This section is to be completed by the **Mayor or the Chief Executive Officer of the governing body of the municipality being served by the volunteer fire department, first aid or rescue squad or OEM volunteer.**

I, \_\_\_\_\_ have read the information pertaining to the issuance of this application for a blue  
 light and believe the applicant qualifies for a permit.

(Please Print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, County and Zip Code: \_\_\_\_\_

NJMVC EIN: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_