## **GREEN LIGHT PERMIT CERTIFICATION**

R-190 REV. 9-2001

## STATE OF CONNECTICUT

## **DEPARTMENT OF MOTOR VEHICLES**

FLASHING LIGHTS AND SIRENS UNIT 60 STATE STREET, WETHERSFIELD, CT 06161 TELEPHONE NUMBER: (860) 263-5410 On The Web At http://dmvct.org



## **INSTRUCTIONS:**

1.	Type or Print Clearly	<ul> <li>Use additional forms as necessar</li> </ul>	٧.
• •	Type of Fillit Oleany	Obe additional forms as necessi	41

2.	Return the com	pleted form(s) to the Flashing Lights	s and Siren Unit at the address above <b>no later than the last day of the month of JANUARY</b>

NAME AND ADDRESS OF ACTIVE VOLUNTEER AMBULANCE DEPARTMENT MEMBER  OPERATOR'S LICENSE N						
YEAR	MAKE	REGISTRATION PLATE NU	MBER	VEHICLE IDENTIFICATION NUMBER		
NAME AN	D ADDRESS OF ACTIVE VOLUNTEER AME	OPERATOR'S LICENSE NUMBER				
YEAR	MAKE	REGISTRATION PLATE NU	MBER	VEHICLE IDENTIFICATION NUMBER		
NAME AN	D ADDRESS OF ACTIVE VOLUNTEER AME	BULANCE DEPARTMENT MEMBE	ER .		OPERATOR'S LICENSE NUMBER	
YEAR	MAKE	REGISTRATION PLATE NU	MBER	VEHICLE IDENTIFICATION NUMBER		
NAME AN	D ADDRESS OF ACTIVE VOLUNTEER AME	OPERATOR'S LICENSE NUMBER				
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NAME AN	D ADDRESS OF ACTIVE VOLUNTEER AME	BULANCE DEPARTMENT MEMBE	ER .		OPERATOR'S LICENSE NUMBER	
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YEAR	MAKE	REGISTRATION PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		
		CERTIFICATION	BY CHIEF	EXECUTIVE OFFICER		
departr officer.	nent or company or an active m	ember of an organized on nformation is true and ac	ivil prepare	ed to the above specified active med dness auxiliary ambulance company ne best of my knowledge and belief.	mbers of a volunteer ambulance of which I am the chief executive	
	S OF VOLUNTEER AMBULANCE DEPARTM					
AUTHORIZED SIGNATURE X			TITLE		DATE SIGNED	