



Application for Red Light Permit

Registry of Motor Vehicles · Enforcement Services
P.O. Box 55889 · Boston, MA 02205-5889 · PHONE: 857-368-9500
E-mail: ESUPERMITS@dot.state.ma.us

Instructions

To fill out this application, select the service type needed and move through sections filling out each field. E-mail completed application to the address above

- If vehicle is owned by a third person (includes leasing company), attach a signed and dated written statement from the vehicle owner acknowledging that a Red Light will be mounted and displayed on the vehicle and that such Red Light may only be used by the Permit holder and only for official use. A lease will not be recognized unless the "Lessor" (leasing company) is registered as such with the MA Department of Revenue.
- **Additional Permit(s):** If the person for whom the Red Light Permit is sought owns or leases more than one vehicle, or **regularly** uses another vehicle (more than incidental or occasional use) not owned by him/her, a Permit Application may be submitted for such additional vehicle.
- If a Permit is issued, a flashing Red Light may only be displayed when the Permit holder is proceeding to a fire, alarm, or emergency medical response, or when proceeding to an emergency incident or event as a designated emergency response team member in the National Guard, and at no other time. The Permit must be carried by the operator or must be in the vehicle. A Permit does not authorize the operator to violate motor vehicle laws.

M.G.L. Chapter 90, Sec. 7E requires the "Head of the Fire Department" to complete and sign this Application unless the Permit is being requested by the state's "Adjutant General" for a National Guard "emergency response team member."

M.G.L. Chapter 90, Section 7E authorizes Fire Apparatus, Ambulances, School Buses, Section 7D School Pupil Transport Vehicles and Emergency Disaster Service Vehicles to mount and display a flashing, rotating or oscillating Red Light without a Permit from the Registrar. Section 7E authorizes certain other vehicles operated by emergency services personnel to mount and display a flashing, rotating or oscillating Red Light if the Registrar has issued a Permit. This Application form is only for users requiring a Permit.

ONLY ORIGINAL Application Forms will be ACCEPTED. No copies or faxes.

Note: Any Permit issued will expire on the same date the vehicle registration expires.

Service Type

Select the transaction to be performed. ☐ New ☐ Renewal ☐ Additional ☐ Amendment

The other vehicles qualifying for a Red Light Permit are listed below. Check the category that applies . . .

A vehicle owned or operated by a . . .

Member of a fire dept of a city or town or a call member of a fire dept
Check One: I am a ☐ Full Time Firefighter ☐ Call Firefighter

Member or a call member of an emergency medical service
Check One: I am a ☐ Full Time Member ☐ Call Member
(Certified EMT member/supervisor of ambulance service)

- ☐ Forest warden or deputy forest warden
- ☐ Chief or deputy chief of a municipal fire dept or the State Fire Marshall
- ☐ Chaplain of a municipal fire dept
- ☐ Designated member of the MA Army or Air National Guard assigned duties by the Adjutant General of MA to respond to emergency incidents or events

Permit Holder Information

Name of Person for Whom the Permit is Sought (Please Print)

Permit Holder's Driver License Number

Home Street Address

P.O. Box

Town/City

Zip Code

Vehicle Information

Registration #

Year

Make & Model

Color

Vehicle Identification Number (VIN)

Name of Vehicle Owner

Street Address of Vehicle Owner

City/Town of Vehicle Owner

Certification and Signature

I hereby certify that the person for whom the permit is sought performs the function identified above within my jurisdiction.

Signature of the "Head of the Fire Department" or the Adjutant General of MA, if applicable (No other person's signature can be accepted)

Printed Name of the "Head of the Fire Department" (or the Adjutant General of MA, if applicable)

Title

Name of Department /Agency

Address

For RMV use only

Date: _____

Email Address (Chief or Deputy Chief)

Authorized by: _____