

**FLASHING WHITE HEADLAMP  
CERTIFICATION**  
B-329 REV. 12-2002

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. Use additional forms as necessary.
2. Return the completed form(s) to the Flashing Lights and Siren Unit at the address above **no later than the last day of the month of JANUARY.**

NAME AND ADDRESS OF ACTIVE VOLUNTEER FIRE DEPARTMENT MEMBER OR VOLUNTEER EMERGENCY MEDICAL TECHNICIAN			OPERATOR'S LICENSE NUMBER
YEAR	MAKE	REGISTRATION PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
NAME AND ADDRESS OF ACTIVE VOLUNTEER FIRE DEPARTMENT MEMBER OR VOLUNTEER EMERGENCY MEDICAL TECHNICIAN			OPERATOR'S LICENSE NUMBER
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**CERTIFICATION BY CHIEF EXECUTIVE OFFICER**

In compliance with Public Act No. 01-192, flashing white headlamp permits have been issued to the above specified active members of a volunteer fire department or company or an active member of an organized civil preparedness auxiliary fire company or a volunteer EMT. I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

NAME OF AUTHORIZING MUNICIPALITY	ADDRESS OF AUTHORIZING MUNICIPALITY
PRINTED NAME (Chief Law Enforcement Officer of Municipality)	TITLE
AUTHORIZED SIGNATURE (Chief Law Enforcement Officer of Municipality)	DATE SIGNED
<b>X</b>	