



GEORGIA DEPARTMENT OF PUBLIC SAFETY

MOTOR CARRIER COMPLIANCE DIVISION

LIGHT PERMIT SECTION

404-624-7211

BEFORE COMPLETING THE APPLICATION PLEASE READ THE FOLLOWING

DPS Rule 570-11-02 (4)

Amber Lights - use as **caution or warning devices** to warn motorists and the general public of hazardous or emergency situations but such vehicles so designated shall not use amber lights to respond to emergency situations.

TEMPORARY PERMIT

Make a copy of your payment (money order, cashier check, or company check ONLY) and your application and this will act as your temporary permit. Place copies of both in your vehicle until you receive your permit. **It will take two weeks to receive your permits.**

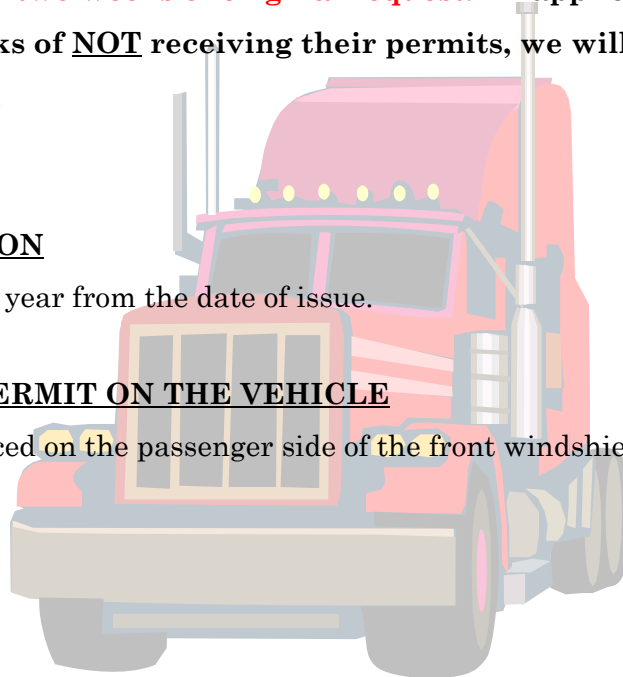
PLEASE NOTE: No one may use the copies of the application and payment as a temporary after two weeks of original request. If applicants do not call after three weeks of NOT receiving their permits, we will assume you have received them.

PERMIT EXPIRATION

All permits expire one year from the date of issue.

PLACEMENT OF PERMIT ON THE VEHICLE

Permits should be placed on the passenger side of the front windshield in the bottom corner.



ALL PRIVATELY OWNED VEHICLE PERMITS EXPIRE 1 YEAR FROM DATE APPROVED



INSTRUCTIONS FOR EMERGENCY LIGHT PERMIT

Listed below are some brief guidelines for making application to use amber, red, or blue lights. The Official Code of Georgia Annotated (40-8-90 through 96) prescribes the conditions of this certification. Department of Public Safety Rules and Regulations 570-11-.01 through .014 prescribe guidelines for making application for the use of emergency lights. Mail all applications to the appropriate address indicated on the top of the form. Applications for flashing lights are NOT accepted in person, all applications must be mailed. **Please make copies of this form and your payment to use as your temporary until you receive your permit.**

There is currently a TWO-Week turn around time on the light permits.

All applications must be filled out completely. **PLEASE TYPE ON PRINT YOUR INFORMATION**

1. Full name and address of the individual, company, or department.
2. Vehicle information- year, make, tag number, and VIN of all vehicles.
If you are attaching a company vehicle listing, please number your vehicle listing.
3. Statement of use must be completed. If all vehicles are use for the same purposes, one state will be sufficient for all vehicles. If not, please attach a separate statement detailing each vehicle's use.
4. **Fee of \$2.00 per vehicle** must be made payable to the Department of Public Safety in the form of money order, cashier's certified check, or business check. **NO PERSONAL CHECKS WILL BE ACCEPTED.** All government owned vehicles and volunteer fire personnel are exempt from this fee.
5. **Application must be notarized and signed by the responsible party. If you are applying for an Amber Light Permit, the application does not have to be notarized.**
6. **Permit should be placed on the passenger side at the bottom corner of the front windshield.**

EXCEPTIONS/ADDITIONAL REQUIREMENTS

1. 1st Responders must be approved through Dept of Human Resources.
2. The Fire Chief, County Commissioner, Mayor, County Fire Marshal, County EMA Director, or County Sheriff must complete and sign the **Authorizer** portion of application for emergency personnel. No individual can sign his/her own application for this use.
3. **No personal vehicles will be approved for blue lights.**
4. All government owned marked fire and police vehicles are no longer required to have permits. Government owned unmarked vehicles must possess a light permit.
5. All security vehicles must submit a copy of the security license issued by the Secretary of State's office.
6. **ALL RED/BLUE light permit applications must be notarized.**

AMBER FLASHING OR REVOLVING LIGHT PERMIT APPLICATION
O.C.G.A. § 40-8-92

MAIL TO:

Department of Public Safety
 Attn: Light Permit Section
 P.O. Box 281439
 Atlanta, GA 30384-1439



CONTACT US:

(404) 624 - 7211

www.dps.georgia.gov

PLEASE PRINT OR TYPE

Name: _____
 (Full Name: Individual or Company)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Email: _____

Vehicle Owned By:	
Company	<input type="checkbox"/>
Individual	<input type="checkbox"/>
Government	<input type="checkbox"/>

DESCRIPTION OF VEHICLE(S) TO WHICH LIGHT IS TO BE OPERATED					Department Use Only
Year	Make	Tag	Vehicle ID Number (VIN)	Permit Number	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

NOTE: Permits should be placed on the passenger side of the front windshield in the bottom corner.

MAKE PAYMENTS PAYABLE TO:
DEPT OF PUBLIC SAFETY

- MONEY ORDER CASHIER'S CHECK
 COMPANY CHECK **NO PERSONAL CHECKS**
 CHECKS MUST BE DRAWN ON A US BANK

\$2.00
 Per Permit

Total Fee Enclosed: \$ _____

STATEMENT OF USE

PLEASE CHECK EACH USE THAT APPLIES

The above-described vehicle(s) will be used for:

- Wrecker/ Service Truck Security Construction Oversize Load
 Utility/Maintenance Escort Low Speed Vehicle Other: _____

We, the undersigned, have read the foregoing application and affirm that all information submitted is true and correct to the best of our knowledge and belief.

ALL PRIVATELY OWNED VEHICLE PERMITS EXPIRE 1 YEAR FROM DATE APPROVED

Date: _____

Signature: _____

DESCRIPTION OF VEHICLE(S) TO WHICH LIGHT IS TO BE OPERATED CONT'D

	Year	Make	Tag	Vehicle ID Number	Department Use Only	
						Sticker Number
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