

Weston Volunteer Fire Department Blue Light Application

Please print or type all Information

Member Name: _____

CT Operator #: _____

Address: _____

Vehicle Reg.: _____

Vehicle Ident: _____

(VIN)

Vehicle Year: _____

Vehicle Make: _____

Vehicle Model: _____

Is this a replacement or additional vehicle? _____

I have read rules and conditions of Issuance for the use of Blues Lights and the Issuance of Blue Light Permits and the Standard Operating Guideline (SOG#31) for the Use of Blue Lights. I agree to be bound by those Rules and Conditions, by the SOG, and any amendment or changes thereto. I understand that any Permit issued may be revoked by the Chief of the Weston Volunteer Fire Department and I agree to surrender any Permits issued to me immediately upon the request of the Chief or upon the termination of my active membership in the Department. I agree to immediately notify the Chief of any changes in any of the information contained above. I understand that I may not use a blue light without a valid Blue Light Permit.

Date: _____ Signed : _____

Approved: _____

Date: _____