



## APPLICATION FOR GREEN LIGHT PERMIT

State Form 54422 (R / 7-15)

DEPARTMENT OF HOMELAND SECURITY

IC 9-19-14.5-1

Display of green lights on privately owned vehicles in line of duty.

Sec. 1. A privately owned vehicle belonging to a licensed paramedic, certified advanced emergency medical technician, certified emergency medical technician, certified emergency medical service driver, or certified emergency medical responder while traveling in the line of duty in connection with emergency medical services activities may display flashing or revolving green lights, subject to the following restrictions and conditions:

- (1) The lights may not have a light source less than fifty (50) candlepower.
- (2) All lights must be prominently displayed on the top of the vehicle.
- (3) Not more than two (2) green lights may be displayed on a vehicle, and each light must be of the flashing or revolving type and visible at three hundred sixty (360) degrees.
- (4) The lights must consist of:
  - (A) a lamp with a green lens;
  - Or
  - (B) a green light emitting diode (LED). However, the revolving lights may contain multiple bulbs.
- (5) The green lights may not be a part of the regular head lamps displayed on the vehicle.
- (6) For a person to be authorized under this chapter to display a flashing or revolving green light on the person's vehicle, the person must first secure a written permit from the executive director of the department of homeland security to use the light. The permit must be carried by the person when the light is displayed.

### APPLICANT INFORMATION

Name of applicant (print)		
State Certification Number (EMR, EMT, Advanced EMT, Paramedic, Driver)		Date of expiration (month, day, year)
Driver's license number		
Address (number and street, city, state, and ZIP code)		
I understand that the use of green light(s) does not authorize me to disregard any traffic laws and I agree to return the permit if no longer affiliated with the ambulance service provider response system listed below.		
Signature of applicant		Date (month, day, year)

As the chief executive officer of _____, I hereby verify that the above named applicant is affiliated with this service's emergency response system and the use of the green light(s) is appropriate.	
Signature of chief executive officer	
Date (month, day, year)	

### FOR OFFICE USE ONLY

Application is:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date (month, day, year)
Comments		