



## APPLICATION TO OPERATE AN AMBER OR GREEN FLASHING LIGHT ON A VEHICLE

This application form constitutes a record and is issued by the Committee *for the* Environment & Infrastructure in accordance with the Lighting of Vehicles and Skips Ordinance, 1988.

Please use **BLOCK CAPITALS & ALLOW A MINIMUM OF SEVEN (7) WORKING DAYS FOR PERMITS TO BE PROCESSED**

1. Your details												
(Tick where appropriate)												
Title:	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Specify)	<input type="text"/>
Surname:				Forenames:								
Address:												
										Post code:		
Contact details:	Home No.					Work No.						
Mobile No.					E-mail							

2. Vehicle details on which light will be used							
Colour of flashing light requested:	Amber:	<input type="checkbox"/>	Green:	<input type="checkbox"/>			
Registration No.				Make & Model:			
Reasons for requiring use of a flashing light:							
Expected frequency of use of light:							

3. Declaration				
I declare that the above information is correct and will form the basis of any permit granted by Traffic & Highway Services.				
Signature:			Date:	

*The States of Guernsey will process any personal data that you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed by the States of Guernsey can be found at <https://gov.gg/dp>.*

For office use only	
Date received:	
Recommendation:	
Approved/Refused:	
Date record created:	
Signature:	