



FORM MUST HAVE ORIGINAL SIGNATURES

CERTIFICATION OF LCV/TANDEM EQUIPMENT (TRACTOR)

Name of Applicant (Corporation or Business)			Telephone No. ()	
Street Address/P.O. Box No.		City	State	Zip Code
Thruway Charge Account No.			Federal ID No.	

TRACTOR DATA

Year	Make	Model	Make of Engine	Type of Engine		
Company No.	License Plate No.	State	VIN No.	Number of Axles	Weight	No. of Cylinders
Overall Length	Wheelbase	Transmission (No. of Speeds)	Tire Size	No. of Powered Axles	Horse Power	

Application is hereby made for the certification of the tractor identified above for use in LCV/tandem operations on the New York State Thruway. I certify that the tractor identified above is capable of hauling a LCV/tandem of maximum gross weight not exceeding _____ pounds, at a speed of not less than 20 MPH on all portions of the Thruway System. I further certify that the tractor meets all requirements of the *Provisions Governing the Operation of LCVs/Tandems That Exceed the Limits of Section 385 of the New York State Vehicle and Traffic Law (TAP-602)*, and will not be modified or used in LCV/tandem operations on the New York State Thruway in violation of these *Provisions* or other applicable Laws, Rules or Regulations.

Name _____ Title _____
 (Please Print or Type)

Signature _____ Date _____

TRACTOR MANUFACTURER'S CERTIFICATION

- New Tractor Original equipment manufacturer certification is required.
- Used* Tractor Used equipment must be thoroughly inspected and reconditioned before certification of same is applied for.

* A company operating LCVs/tandems may have its own maintenance department perform the required work or it can authorize a commercial truck garage to perform the required work on its behalf.

I am an authorized representative of the company which manufactured, commercially reconditioned, or rebuilt the tractor identified on this page. I certify that said tractor is capable of hauling LCVs/tandems of gross weight not exceeding _____ pounds at a speed of not less than 20 MPH on all portions of the Thruway System and meet all requirements of the *Provisions Governing the Operation of LCVs/Tandems That Exceed the Limits of Section 385 of the New York State Vehicle and Traffic Law (TAP-602)*.

Name _____ Company _____
 (Please Print or Type)

Signature _____ Date _____

THIS BOX FOR THRUWAY AUTHORITY USE ONLY

APPROVED:
 NEW YORK STATE THRUWAY AUTHORITY
 Department of Operations

Thruway TT No. _____

 Deputy Director of Maintenance and Operations

 Date