



FORM MUST HAVE
 ORIGINAL SIGNATURES

**CERTIFICATION OF LCV/TANDEM EQUIPMENT
 (LCV/TANDEM MAINTENANCE VEHICLE)**

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

Thruway Charge Account Number _____

MAINTENANCE VEHICLE DATA

Year	Make	Model	Company No.
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VIN Number	License Plate No. & State
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Application is hereby made for certification of the above identified maintenance vehicle for use in LCV/tandem operations of the New York State Thruway.

I certify that:

1. The vehicle is completely equipped with emergency lighting equipment and will not be used in violation of either 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)*, or the *Rules and Regulations of the New York State Thruway Authority*.
2. Each employee who operates this vehicle has been instructed in Thruway Authority procedures for protecting the scene of a disabled vehicle, the procedure for making U-turns as described in the *Traffic Safety Manual (TAP-403)* and also has been instructed to make U-turns on the Thruway only when the next interchange is sufficiently distant from the scene of the disablement to warrant such action.

 Name (Please Print or Type)

 Company

 Signature

 Date

 Title

THIS BOX FOR THRUWAY AUTHORITY USE ONLY

APPROVED:
 NEW YORK STATE THRUWAY AUTHORITY
 Department of Operations

Thruway TT Number _____

 Deputy Director of Maintenance and Operations

 Date