



SEALED CONTAINER PERMIT

APPLICANT INSTRUCTIONS:

1. Type or print in blue or black ink.
2. Complete a separate form for each motorized unit (permits are non-transferable).
3. Include an original completed CERTIFICATE OF LIABILITY INSURANCE (ACORD 25) and a NYSTA SUPPLEMENTAL INSURANCE CERTIFICATE (TA-W51343-9) providing Business Auto Coverage of at least \$1,000,000 with a 30 day cancellation provision and the NYSTA named as an additional insured using ISO CA20 48 02 99.
4. Include a copy of your New York State Department of Transportation (DOT) ANNUAL SEALED CONTAINER PERMIT.
5. Mail the original completed form, the original insurance certificates (ACORD 25 and TA-W51343-9) and a copy of the DOT ANNUAL SEALED CONTAINER PERMIT to the above address. Your Thruway Commercial Charge Account Number will be billed the appropriate fee (cash, checks and money orders are not accepted). See the reverse side of this form for the applicable fee.

NOTE: THE MAXIMUM WEIGHT FOR A SEALED CONTAINER PERMIT IS 125% OF THE LEGAL WEIGHT (not to exceed 100,000 lbs.). HEIGHT, LENGTH AND WIDTH MUST BE OF LEGAL DIMENSIONS.

Name of Applicant (Corporation or Business)			Telephone No. ()		Federal ID No.	
Street Address/P.O. Box No.			City		State	Zip Code
MOTORIZED UNIT						
Year	Make			License Plate Number		State
AXLE WEIGHTS			AXLE SPACING			
AXLE	NUMBER OF WHEELS ON EACH AXLE	POUNDS	AXLE COMBINATION	SPACING		
				FEET	INCHES	
1			1-2			
2			2-3			
3			3-4			
4			4-5			
5			5-6			
6			TOTAL			
TOTAL GROSS VEHICLE WEIGHT						
<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Charge to Thruway Account Number _____						
Authorized Representative's Signature			Title		Date	

THIS BOX FOR THRUWAY AUTHORITY USE ONLY

DEPARTMENT OF FINANCE AND ACCOUNTS		
Insurance Compliance		
<input type="checkbox"/> Approved By _____ Date _____ Policy Number _____ Expiration Date _____		
Bill to Charge Account		
Amount \$ _____ Date _____ By _____		
DEPARTMENT OF OPERATIONS (Return completed copy of this form to the Applicant)		
DOT Permit Number	NYSTA Permit Number	Permit Expiration Date
	SC -	
Permit Approved By:		
Signature _____		Date _____

SEALED CONTAINER PERMIT FEE SCHEDULE

The applicable fee that is charged is determined by the date the application is submitted. All Sealed Container Permits expire on December 31 of the year in which they were issued.

<u>Application Date</u>	<u>Fee</u>
1. January 1 - March 31	\$ 1,250.00
2. April 1 - June 30	\$ 937.50
3. July 1 - September 30	\$ 625.00
4. October 1 - December 31	\$ 312.50

NOTE: A \$25 fee will be charged for each application amendment.

VIOLATIONS

Permit holders must comply with all Thruway Authority regulations, policies and procedures, as well as all applicable provisions of Federal, State and local laws and regulations, including but not limited to: Vehicle and Traffic Law, Department of Motor Vehicle regulations, Transportation Law, Department of Transportation regulations and Public Authority Law. A violation of any such laws, regulations, policies or procedures may, in the Thruway Authority's discretion, result in the revocation of this permit or the imposition of sanctions against the permit holder.

Violations include, but are not limited to:

1. No NYSTA SEALED CONTAINER PERMIT.
2. No DOT ANNUAL SEALED CONTAINER PERMIT.
3. No Bill of Lading.
4. No Certified Weight Slip from port of entry.
5. Failure to comply with NYSTA Insurance Requirements.
6. Broken Seals.
7. Traveling off route.
8. Vehicle overweight.
9. Vehicle overdimensional.
10. Falsified Permit.
11. Altered Permit.