



NEW YORK STATE THRUWAY AUTHORITY
Department of Operations
Office of Transportation Management
P.O. Box 189
Albany, New York 12201-0189
(518) 436-3150



FORM MUST HAVE
ORIGINAL SIGNATURES

APPLICATION FOR SPECIAL PERMIT TO OPERATE LCV/TANDEM VEHICLE

The company applicant desiring to operate LCVs/Tandems is required to meet the Federal Motor Carrier Safety Regulations under 49 CFR Part 380. By signing this form, the company applicant attests that the terms under 49 CFR Part 380 are met or will be completed within 30 days of issuance of the Special Permit to Operate LCV/Tandem Vehicle on the New York State Thruway.

Application Fee \$15.00 Check # _____ Money Order # _____

• Instructions: Fill in all areas. If answer does not apply, enter "none."

| | | | | | |
|--|-----------------|---|--|---|--|
| Operator's License Number | | State | Date License Expires | CDL Double/Triple Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name | | | Date of Birth | Current LCV/Tandem Permit Number | |
| Street Address/P.O. Box No. | | | Date of Last Medical Examination (Attach complete copy of most recent Medical Form 405F or equivalent.) | | |
| City | State | Zip Code | <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Second Company | | |
| Employed By: | | | | | |
| 1st Company _____ | | 2nd Company _____ | | | |
| Experience: List Tractor Trailer driving experience only. Minimum of five (5) years experience required. (Attach additional sheets if necessary.) | | | | | Type of Combination Vehicle Generally Operated |
| <u>From</u> | <u>To</u> | <u>Yrs.</u> | <u>Mos.</u> | <u>Employer</u> | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Total = _____ | | | | | |
| If license to drive issued by any state has ever been revoked or suspended, furnish information requested below. | | | | | |
| <u>Date</u> | <u>State</u> | <u>Reason (indicate whether revoked or suspended)</u> | | | <u>Date Reinstated</u> |
| _____ | _____ | _____ | | | _____ |
| _____ | _____ | _____ | | | _____ |
| List traffic or driving offenses during last 5 years. List latest first. Include offenses committed in private vehicles. | | | | | |
| <u>Date</u> | <u>Location</u> | <u>Offense</u> | <u>Disposition</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| Accidents: List all reportable accidents during last 5 years, and attach copy of accident report for each. List latest first. Include all accidents in which you were involved while operating private vehicles. | | | | | |
| <u>Date</u> | <u>Location</u> | <u>Number Injured or Fatal</u> | <u>Amount of All Damages</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| OUT OF STATE DRIVERS ONLY: Photocopy of Commercial Driver's License and original DMV Certified Abstract of applicant's driving record must be attached to this application. | | | | | |

APPLICATION FOR SPECIAL PERMIT TO OPERATE LCV/TANDEM VEHICLE

It is hereby requested that a permit be issued to the foregoing driver for LCV/tandem operation on the New York State Thruway. I certify that this driver is an employee of this company, that the driver is qualified to operate a LCV/tandem vehicle, that the driver has met or will complete within 30 days the Federal Motor Carrier Safety Regulations 49 CFR Part 380 requirements, and that the foregoing information is true to the best of my knowledge, information, and belief.

First Company Name

Second Company Name

Federal ID No.

Federal ID No.

Name (Please type or print)

Name (Please type or print)

Signature

Signature

Title

Title

USE ONLY FOR LEASED DRIVERS:

The driver is an employee of _____, a driver leasing company under contract with the above certified LCV/tandem company. (Name of Leasing Company)

I hereby certify that I am the driver named in the foregoing statement and that the information contained herein is true and complete to the best of my knowledge, information, and belief. I understand that any false or misleading statement or omission herein may result in the rejection of this application for one year and any other penalties in such case provided. I have listed all of my traffic or driving offenses, and all of the accidents in which I have been involved as a driver during the past five years, regardless of whether or not such offenses or accidents occurred while I was driving my own or another privately owned vehicle. I understand that such accidents or offenses will be considered by the Authority in the issuance of the permit.

I further certify that I have read and I understand all 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)*, including the provision which limits their speed to 55 miles per hour or to lower posted speeds. I further certify that I have also read, understand, and realize I am governed by the New York State Transportation Law, Sections 211 and 212 and the Thruway Authority Rules and Regulations.

Name of Driver (Please type or print)

Date

Signature of Driver

Notification Required Under Personal Privacy Protection Law

The information you are providing on this application is being requested pursuant to New York State Public Authorities Law for use in connection with issuing permits to LCV/tandem drivers.

The information contained herein will be kept in hard copies and/or computerized files, at the Authority's discretion and will be maintained by the Deputy Director of Maintenance and Operations; New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209, 518-436-3150.