



New York State Thruway Authority  
Department of Maintenance and Operations  
Office of Traffic Management  
P.O. Box 189  
Albany, NY 12201-0189



**FORM MUST HAVE  
ORIGINAL SIGNATURES**

## APPLICATION FOR SPECIAL PERMIT TO OPERATE LCV/TANDEM VEHICLES

The company applicant desiring to operate longer combination vehicles (LCV)/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(s) on the New York State Thruway Authority System.

### INSTRUCTIONS:

Complete applicable fields and mail completed form along with the following to the address above:

- Non-refundable \$15.00 application fee (check or money order payable to NYS Thruway Authority)
- Accident Reports (for last five years)
- Valid Medical Examiner's Certificate (photocopy accepted)
- Out of State Drivers Only:
- Motor Vehicle Driver's Ten Year Abstract (original, certified copy dated within last three months)
- Commercial Driver License (photocopy accepted)

<b>Section I   Driver Information</b>					
Driver License No. _____			State _____	License Expiration Date _____	CDL Double/Triple Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____			Date of Birth _____	Current LCV/Tandem Permit No. _____	
Street Address/P.O. Box No. _____			Date of Last Medical Examination _____		
City _____	State _____	Zip Code _____	Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Second Company		
Employed By 1st Company _____ 2nd Company _____					
List tractor trailer driving experience only. Minimum of five (5) years experience required. (Attach additional sheets if necessary.)					
<u>From</u>	<u>To</u>	<u>Yrs.</u>	<u>Mos.</u>	<u>Employer</u>	<u>Type of Combination Vehicle Generally Operated</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If license to drive issued by any state has ever been revoked or suspended, furnish information requested below:					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>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
List all reportable accidents during last 5 years, and attach a 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>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

## APPLICATION FOR SPECIAL PERMIT TO OPERATE LCV/TANDEM VEHICLES

### Section II Certification(s)

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; is qualified to operate a LCV/tandem vehicle; has met, or will complete within 30 days, the Federal Motor Carrier Safety Regulation 49 CFR Part 380 requirements, and that the foregoing information is true to the best of my knowledge.

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 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 and that the permit may be revoked if I, at any time, no longer meet the requirements.

I further certify that I have read and I understand all of the LONGER COMBINATION VEHICLE (LCV)/TANDEM PROVISIONS (TAP-602), including the provision which limits their speed to 65 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.

Driver Signature

Driver Name (please print or type)

Date

#### 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 Traffic Program Supervisor or Designee; New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209, (518) 436-2816.