

FORM MUST HAVE ORIGINAL SIGNATURES

## Department of Maintenance and Operations Office of Traffic Management P.O. Box 189 Albany, NY 12201-0189

## LCV/TANDEM EQUIPMENT APPLICATION/CERTIFICATION CONVERTER DOLLY

**INSTRUCTIONS:** Complete Sections I through III and mail to the address above in accordance with the LONGER COMBINATION VEHICLE (LCV)/TANDEM PROVISIONS (TAP-602).

|                          | _         | -          |        | -          |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|--------------------------|-----------|------------|--------|------------|-------------|---------|------|-------------------------------|-------|----------|---|----------------------|-------|----------|--------|--------|----------|
| Section I                | Арр       | licant I   | nfor   | mation     |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
| Applicant Name (Company) |           |            |        |            |             |         |      | Phone No.                     |       |          |   | Federal ID No.       |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       | (        | )   | _                    |       |          |        |        |          |
| Street Address/          | /P.O. Bo  | ox No.     |        |            |             | City    |      |                               |       | I.       |   | State                | Z     | ip Cod   | 9      |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        | -      |          |
| Section II               |           | y Infor    | mati   | on         |             |         |      |                               |       |          |   |                      |       |          | -      |        |          |
| Year Ma                  | ake       |            |        |            | Model       |         |      |                               | Cor   | mpany I  | INO.  |                      | Ser   | ial or V | IN NO. |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
| License Plate No         | o. (if ap | oplicable) | State  |            | Source of   | f Dolly |      | Original Manuf                |       |          | Con   | dition               |       | New      |        | Use    | ed*      |
|                          |           |            |        |            |             |         |      | Commercial Fa<br>Company Fabr |       |          |   | lust be th           |       | ughly ir | specte | ed bef | ore      |
| Overall Length           | M         | anufactur  | ed Cu  | rb Weight  | No. of Ax   | les     |      |                               |       | ype of [ |   | certificatio<br>wbar | on.   |          | Тур    | e of S | uspensio |
| _                        | ft.       |            |        | -          | Singl       |         |      |                               |       | Solid    |   |                      |       |          |        |        | ring     |
|                          | in.       |            |        | lbs.       | Tand        | em      |      |                               | Г     | Hing     | ed  |                      | Ext   | endible  | [      | Air    |          |
| Distance Center          | r of Pint | tle Eye To |        | ight Fifth | Wheel Gro   | und to  | Тор  | Type of Safet                 | y Cł  |          |   | Does it h            |       |          |        | y Port | Relay    |
| Center of Fifth \        |           |            |        | Wheel      | <i>c</i> .  |         |      | Single                        |       | Doub     | le  | Valve for            | · Air | Brakes   | ?      |        |          |
| ft.                      |           | Ir         | ו.     |            | _ft         |         | _in. | Bridle Arr                    | ang   | ement    |   |                      |       |          | L      | Yes    | No       |
| Dollies havin            | ng iden   | tical spe  | cifica | tions may  | y be inclu  | ided if | indi | vidually iden                 | tifie | ed belo  | w:  |                      |       |          |        |        |          |
| Dolly Serial or VIN No.  |           |            |        |            | Company No. |         |      |                               |       |          | License Plate No. and State (if applicable) |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |
|                          |           |            |        |            |             |         |      |                               |       |          |   |                      |       |          |        |        |          |

## CERTIFICATION OF LCV/TANDEM EQUIPMENT CONVERTER DOLLY

| Section III Dolly Certifications   |   |   |   |
|--|---|---|---|
|  | Applicant Certif  | fication  |   |
| Application is hereby made for approval to use the of<br>System. I certify that the dolly(ies) identified herei<br>PROVISIONS (TAP-602), and will not be modified or<br>violation of these Provisions.   | n is equipped in accorda  | ance with the LONGER COMBIN   | ATION VEHICLE (LCV)/TANDEM  |
| Authorized Applicant Representative Name (   | print or type)  | Title   | 2   |
| Authorized Applicant Representative Si   | gnature   | Dat   | e   |
|  | Company Certif  | fication  |   |
| <ul> <li>New Dolly(ies): Original manufacturer of doll</li> <li>New Dolly(ies): Assembled or manufactured</li> <li>Used* Dolly(ies): Refurbished by a commercial</li> <li>* An Applicant operating LCVs/tandems may have commercial truck garage to perform the required</li> <li>I am an authorized representative of the company certify that the(se) dolly(ies) is/are of sufficient str trailer and second trailer to the dolly(ies). I furthe a dolly and second semitrailer the gross weight not</li> <li>I further certify that the dolly(ies) identified herein days. Such inspection included, but was not limite its locking mechanism; all components of air brake system; safety chains and securing devices; tires; described herein are structurally and mechanically</li> <li>I further certify that the dolly(ies) will meet all othe PROVISIONS (TAP-602).</li> </ul> | by commercial fabricato<br>fabricator or trucking co<br>it own maintenance dep<br>work on its behalf.<br>which manufactured, fa<br>ength to permit the sati<br>r certify that each attack<br>cecceeding 63,000 pour<br>, whether new or used,<br>d to, a thorough examin<br>system; required lightin<br>wheels; and general stru-<br>sound. | bartment perform the required of<br>bricated, or refurbished the dol<br>sfactory attachment or proper of<br>hment or coupling device will so<br>has/have been thoroughly insp<br>hation of the following items: co<br>ng system; dolly frame; drawba<br>ucture; and that in these respe | nent.<br>work or it can authorize a<br>ly(ies) identified on Page 1. I<br>coupling of both the lead or first<br>ustain the simultaneous towing of<br>ected within the last seven (7)<br>omplete fifth wheel structure and<br>ar; pintle eye; suspension<br>cts and all others, the dolly(ies) |
| Authorized Company Representative Name (prin   | nt or type)   | Title   | Date  |
| Authorized Company Representative Signa Section IV Thruway Authority Use O   |   | Company Nam   | ie  |
| Approved Disapproved   | тт у  |   |   |
|  |   |   |   |
| Thruway TT No.   | Deputy Director of Co<br>Traffic Safety & Emerge  |   | Date  |