



Thruway Authority

Department of Maintenance and Operations
P.O. Box 189
Albany, NY 12201-0189
(518) 436-3079

FORM MUST HAVE ORIGINAL SIGNATURES

SEALED CONTAINER PERMIT

INSTRUCTIONS:

- Complete Sections I & II.
- Use a separate form for each motorized unit (permits are non-transferable).
- Include an original complete CERTIFICATE OF LIABILITY INSURANCE (ACORD 25) and a New York State Thruway Authority SUPPLEMENTAL INSURANCE CERTIFICATE (TA-W51343) providing business auto coverage of at least \$1,000,000 with a 30-day cancellation provision and the New York State Thruway Authority named as an additional insured using ISO CA20 48 02 99.
- Include a copy of your New York State Department of Transportation (DOT) ANNUAL SEALED CONTAINER PERMIT.
- Mail original completed form, original insurance certificates (ACORD 25 and TA-W51343) and a copy of the DOT ANNUAL SEALED CONTAINER PERMIT to the above address.
- Your Thruway Commercial Charge Account No. will be billed the appropriate fee or you may provide payment with a check or money order (payable to "New York State Thruway Authority"). 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.

Section I Applicant Information

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

Section II Motorized Unit/Payment Information

Year	Make	License Plate No.	State
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Axle Weights			Axle Spacing		
Axle	No. 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					

Payment Type <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Charge to Thruway Account No.: _____	Authorized Representative Name (please print) _____ Authorized Representative Signature _____	Title _____ Date _____
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Section III Thruway Authority Use Only

Department of Maintenance & Operations

Bill to Charge Account, enter amount: \$ _____ Payment Enclosed

DOT Permit No.	NYSTA Permit No. SC -	Permit Expiration Date
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Department of Finance & Accounts

Insurance Compliance <input type="checkbox"/> Approved By _____ Date _____ Policy No. _____ Expiration Date _____	Cash & Investments Management (if applicable) Amount billed on Charge Account \$ _____ Date _____ By _____
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Department of Maintenance & Operations Approval

_____ Signature	_____ Name (please print)	_____ Date
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This permit must be carried with the motorized unit to which it refers.

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.

Application Date	Fee
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 \$25.00 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 Authorities Law. A violation of any such laws, regulations, policies or procedures may, at 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