



**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 for **all drivers**:

- 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)
- Motor Vehicle Driver's Ten Year Abstract (certified original dated within last three months)
- Commercial Driver License (photocopy accepted)

**NOTE:** A \$15.00 fee is required for a replacement (duplicate) of your SPECIAL PERMIT TO OPERATE TANDEM TRAILER VEHICLE ON NEW YORK STATE THRUWAY.

**Section I Driver/Company Information**

Driver License No.		State	License Expiration Date	CDL Double/Triple Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver Name			Date of Birth	Current LCV/Tandem Permit No.	
Driver Street Address/P.O. Box No.		City	State	Zip Code	
Date of Last Medical Examination			Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Second Company		
Employed By: 1st Company	Phone No. ( ) -	2nd Company		Phone No. ( ) -	

List tractor trailer driving experience only. Minimum of five (5) years experience required. (Attach additional sheets if necessary.)

From	To	Yrs.	Mos.	Employer	Type of Combination Vehicle Generally Operated
Total =					

If license to drive issued by any state has ever been revoked or suspended, furnish information requested below:

Date	State	Reason (indicate whether revoked or suspended)	Date Reinstated

List traffic or driving offenses during last 5 years. List latest first. Include offenses committed in private vehicles.

Date	Location	Offense	Disposition	For Office Use Only

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.

Date	Location	Number Injured or Fatal	Amount of All Damages

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### **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 (print or type)	Name (print or type)
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 (print or type)	Date
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**Personal Privacy Protection Law Notification**

The information that you are providing in this application is being requested for the principal purpose of keeping a record of applications for a special permit to operate LCV/tandem vehicles. This information is being requested pursuant to New York State Public Authorities Law for use in connection with issuing permits to LCV/tandem drivers. Failure to provide this information may result in the inability to obtain a special permit to operate LCV/tandem vehicles on the NYS Thruway System. This information will be used in accordance with Section 96(1) of the Personal Privacy Law, particularly subdivision (b), (e) and (f). This information is being requested by Maintenance and Operations/Traffic Management and will be maintained in the Office of Traffic Management by the Director of Traffic Management or Designee; New York State Thruway Authority, 200 Southern Boulevard, Albany, NY 12209, (518) 436-2816.