TA-W6818 (12/2017) Page 1 of 2 NEW YORK **Thruway** STATE OF OPPORTUNITY. Authority

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

## 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)

A #1 F 00 fee is required for a replacement (duplicate) of your CDECIAL DEDMIT TO ODEDATE TANDEM TRAILED VEHICLE ON NEW

YORK STATE THRU	JWAY.	epiacement (aup	neate) or ye	our or Ecr	CETERITITE OF	I LIVII II	INDENT HOUSE	IN VEHICLE O	14 14EVV	
Section I D	river/Company	/ Informatio	n							
Driver License No.				State	ate License Expiration Date C		CDL Double	CDL Double/Triple Endorsement		
							Yes	☐ No	)	
Driver Name					Date of Birth	Curre	nt LCV/Tander	m Permit No.		
Driver Street Address/P.O. Box No. City					State	Zip Code				
City			City			State	Zip Code	_		
Date of Last Medical Examination					T 6 A!!-	- #-! - ·-				
Date of Last Medical Examination					Type of Applic					
					New	Ker	newal	Second C	отпратту	
Employed By: 1st Company		Phone No.	Phone No.		d Company		Phone No.			
		( )	-				(	) -		
	driving experience on	ly. Minimum of f	five (5) yea	rs experie	nce required.			Type of Con	nbination	
,	sheets if necessary.)	Van Maa	_		Emandayya	_		Vehicle G	enerally	
<u>From</u>	<u>To Yrs. Mos.</u>		<u>5.</u>	<u>Employer</u>				<u>Opera</u>	<u>ted</u>	
	Tatal							-		
Té licanas ta duiva i	Total = ssued by any state h				unish informatio		ad balawy			
Date	State  State			•	evoked or suspe	•	ed below:	<u>Date Rei</u>	instated	
<u> </u>	<u>State</u>	<u>rease</u>	on (marcace	WITCHICL	evoked or suspe	<u>criaca y</u>		<u>Date Nei</u>	<u> </u>	
	<u> </u>									
	ng offenses during las		itest first.	Include off		d in private			For Office Use Only	
<u>Date</u>	<u>Date</u> <u>Location</u>			Offense Disposition Use Only					USE Offiny	
									-	
									_	
									_	
	accidents during last				report for each.					
Date	you were involved w		vate vehicle	es.				Amount of <u>II Damages</u>		
<u>Date</u>		<u>L0</u>	Cation			injured	<u> 1011atai A</u>	ii Damayes		
									-	
									-	
									_]	
For Office Use Only	/ DMV 🗌 N	I Y Date	e	LE	NS N [	] Y Dat	:e			

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

Section II Certification(s)							
that this driver: is an employee of this company; is qualified to ope	ver for LCV/tandem operation on the New York State Thruway. I certify erate a LCV/tandem vehicle; has met, or will complete within 30 days, rements, and that the foregoing information is true to the best of my						
First Company Name	Second Company Name						
Federal ID No.	Federal ID No.						
Name (print or type)	Name (print or type)						
Signature	Signature						
Title	Title						
The driver is an employee of	, a driver leasing company under contract with ompany)						
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						
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.