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used by the Applicant.

Attn: Office of Media Relations and Communications 200 Southern Blvd.
P.O. Box 189
Albany, NY 12201-0189



## APPLICATION FOR REVOCABLE LICENSE TO USE NEW YORK STATE THRUWAY AUTHORITY PUBLICATIONS, RECORDINGS AND/OR IMAGES

INSTRUCTIONS: Complete Sections I and III and submit to the New York State Thruway Authority above address.

Section I	Applicant Information	on and Requested	Material						
Applicant Legal	gal Name Applicant Contact Name			Title					
Street Address			City			State	Zip Code		
Email Address				Phone No	0.		Fax No.	<u>-</u>	
				(	) .	-	(	) -	
Requested Mate	erial (provide description and/	or URL; attach additional	sheets if nece	essary):					
Applicant's Inte	nded Use of Material (attach a	additional sheets if neces	sary):						
_									
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## APPLICATION FOR REVOCABLE LICENSE TO USE NEW YORK STATE THRUWAY AUTHORITY PUBLICATIONS, RECORDINGS AND/OR IMAGES

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	Applicant Name (print or type)	Applicant Title
	Applicant Signature	Date
Section IV	New York State Thruway Authority App	proval
The New York S	State Thruway Authority grants this License to Applicant	in accordance with all of the terms and conditions stated herein.

Date

**Director of Communications**