

2023-2024 COMMERCIAL ROAD SERVICE APPLICATION/PERMIT

CONDITIONS OF A COMMERCIAL ROAD SERVICE PERMIT CONT.

I-95 and I-287 are designated quick clearance areas, 24 hours a day, 7 days a week. Company Services are prohibited on I-95. Allowable Company Service on I-287 requires any service vehicle to arrive, on scene, within 30 minutes of the disablement. Failure to do so will result in Company Service being disallowed. All U-turns on the Thruway System are prohibited except when approved and supervised by a member of the State Police or an employee of the Authority. **Upon completion, you must notify TSOC that all vehicles are clear and provide them the event number.** Allowable services are only permitted from the right shoulder or in a truck parking facility.

Under no circumstances does a Permit allow for towing at accident scenes, for towing or servicing when the vehicle has been deemed to be a hazard to the safe operation of the Thruway System, deemed to be abandoned, for vehicle or cargo recovery activities or for any other such reason as may be deemed by the Authority without the necessity of prior notice or demonstration of cause. Any vehicle deemed a hazard due to accident, location or abandonment may only be serviced by the appropriate Thruway Authorized Garage. Towing of tractor-trailer combinations is specifically prohibited on the Thruway System, except when removing a combination unit off Thruway property at the first interchange (exit) in the same direction of travel as the disablement.

Examples of allowed services under a Commercial Road Service Permit are fuel filter replacement, brake adjustment, tire service, fuel calls, light mechanical repair and/or towing. Tractor swaps may only be performed at Thruway Travel Plazas or parking/rest areas and are not allowed on the mainline, including ramps and interchanges. This, however, does not authorize service where there is interference to normal traffic flow or the occupancy of a traffic lane is necessary (i.e., vehicle disabled is in the lane or over the white shoulder line).

Completion of the CERTIFICATE OF INSURANCE (ACORD 25), SUPPLEMENTAL INSURANCE CERTIFICATE (TA-W51343), and NYS Workers' Compensation (C-105.2) and Disability Benefits (DB-120.1) certificates of insurance are mandatory and must be on file with the Authority prior to the validation of a Permit. The Permit is deemed revoked upon any lapse in insurance coverage and all operations under said Permit must cease without notice. Upon resumption of insurance coverage, a new Permit must be obtained, and proper fee paid, with such additional evidence of insurance as may be deemed appropriate by the Authority to satisfy coverage requirements.

Safety Equipment and Procedures

All permitted commercial road service vehicles must be equipped with working emergency warning lights and flares. Red lights are prohibited. Blue lights may be used in conjunction with required amber lighting on vehicles that have the capacity to push or pull a vehicle in accordance with New York State Vehicle and Traffic law. Reflectors, flares and cones must be placed at the scene of a disabled vehicle in the direction of approaching traffic as follows: one at the disabled vehicle, one at 250 feet and a third at 500 feet from the disabled vehicle. Indicators shall be more numerous and placed at greater distances as weather, road conditions or other circumstances so require. Flares and reflectors must be used during the period from 1/2 hour before sunset until 1/2 hour after sunrise, or as conditions require and be visible at a distance of not less than 1,000 feet from the scene of the disabled vehicle. Service vehicle operators are required to wear ANSI Class 3 high visibility safety clothing at all times. If safety requirements are not adhered to, suspension and/or revocation of the permit may result.

NOTE: Any violations of herein stated notices and conditions, or such notices or conditions deemed to be in the best interest of the safety of the Authority's operations, may result in suspension or revocation of the Permit and forfeiture of fees, and the liability for administrative costs by the permittee, without the necessity of prior notice or demonstration of cause.

Section II Authorization

I declare that I, _____, am an owner or agent of the above named company, _____
(print or type name)

and that I have the authority to execute this Application on behalf of said company. In so executing this Application, I declare that the information provided herein, including statements made in accompanying papers, have been examined by me and are true and correct. I understand that omissions or falsifications of statements made on this Application, including statements made in accompanying papers, may be grounds for denial or revocation of any permit without notice or cause. I further understand that all statements made are subject to verification by the Authority or any of its agents. I give my permission for verification of statements made, which may include, but is not limited to, insurance records, motor vehicle records, credit history, equipment inspections, on and off site procedural reviews and any other such verification as may be deemed necessary by the Authority. I, on behalf of the company, acknowledge and agree to all of these terms and conditions and other provisions contained in this Application/Permit.

Additionally, I hereby certify that the service vehicle described above is legally registered, is and/or will be marked in accordance with the Authority's specifications before permit activity will commence and is equipped with required safety equipment.

I further certify that all service vehicle operators are appropriately licensed to operate the service vehicle described above and that they are aware of the Conditions of a Commercial Road Service Permit and in particular, safety equipment and procedures contained herein.

Signature _____ Date _____

Section III For Authority Use Only

Certificate of Insurance on file? Yes No Certificate of Insurance approved? Yes No

Reviewed by _____
Name Date

Permit Approved? Yes No If "Yes," approved by _____
Name Title Date

Medallion No. Assigned _____ Date Issued _____ Date Expires _____