

APPLICATION FOR SPECIAL PERMIT TO OPERATE LCV/TANDEM VEHICLES

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.