



FORM MUST HAVE  
 ORIGINAL SIGNATURES

**CERTIFICATION OF LCV/TANDEM EQUIPMENT  
 (LCV/TANDEM MAINTENANCE VEHICLE)**

Name of Applicant (Corporation or Business)		Telephone No. (      )	Federal ID No.	
Street Address/P.O. Box No.		City	State	Zip Code

Thruway Charge Account Number \_\_\_\_\_

**MAINTENANCE VEHICLE DATA**

Year	Make	Model	Company No.
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VIN Number	License Plate No. & State
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Application is hereby made for certification of the above identified maintenance vehicle for use in LCV/tandem operations of the New York State Thruway.

I certify that:

1. The vehicle is completely equipped with emergency lighting equipment and will not be used in violation of either the *Provisions Governing the Operation of LCVs/Tandems That Exceed the Limits of Section 385 of the New York State Vehicle and Traffic Law (TAP-602)*, or the *Rules and Regulations of the New York State Thruway Authority*.
2. Each employee who operates this vehicle has been instructed in Thruway Authority procedures for protecting the scene of a disabled vehicle, the procedure for making U-turns as described in the *Traffic Safety Manual (TAP-403)* and also has been instructed to make U-turns on the Thruway only when the next interchange is sufficiently distant from the scene of the disablement to warrant such action.

\_\_\_\_\_  
 Name (Please Print or Type)

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

THIS BOX FOR THRUWAY AUTHORITY USE ONLY

APPROVED:  
 NEW YORK STATE THRUWAY AUTHORITY  
 Department of Operations

Thruway TT Number \_\_\_\_\_

\_\_\_\_\_  
 Deputy Director of Maintenance and Operations

\_\_\_\_\_  
 Date