

**NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION  
APPLICATION FOR COMMERCIAL ACCESS PERMIT**

| <b>APPLICANT INFORMATION:</b>           |                                  |      |      |                   |                                       |               |                             |      |        |    |
|---|----------------------------------|------|------|-------------------|---------------------------------------|---------------|-----------------------------|------|--------|----|
| MOTOR CARRIER'S NAME AND ADDRESS:       |                                  |      |      |                   | NYS DOT ACCOUNT #:                    |               |                             |      |        |    |
|   |                                  |      |      |                   | USDOT #:                              |               |                             |      |        |    |
|   |                                  |      |      |                   | FEIN #:                               |               |                             |      |        |    |
|   |                                  |      |      |                   | APPLICATION #:                        |               |                             |      |        |    |
| <b>VEHICLE INFORMATION:</b>             |                                  |      |      |                   |                                       |               |                             |      |        |    |
| VEHICLE                                 | N.Y. DMV / IRP<br>REG. WGT (LBS) | YEAR | MAKE | PLATE #           | STATE                                 | # OF<br>AXLES | VIN #<br>ANNUAL PERMIT ONLY |      |        |    |
| POWER UNIT                              |                                  |      |      |                   |                                       |               |                             |      |        |    |
| TRAILER                                 |                                  |      |      |                   |                                       |               |                             |      |        |    |
| <b>VEHICLE AND LOAD INFORMATION:</b>    |                                  |      |      |                   |                                       |               |                             |      |        |    |
| GROSS WEIGHT:                           |                                  |      |      | OVERALL           | FEET                                  | INCHES        | OVERHANG                    | FEET | INCHES |    |
| LOAD DESCRIPTION: (MAKE, MODEL AND S/N) |                                  |      |      | LENGTH            |                                       |               | FRONT                       |      |        |    |
|   |                                  |      |      | HEIGHT            |                                       |               | REAR                        |      |        |    |
|   |                                  |      |      | WIDTH             |                                       |               |                             |      |        |    |
| AXLE NUMBER                             | STEER                            | 2    | 3    | 4                 | 5                                     | 6             | 7                           | 8    | 9      | 10 |
| AXLE WEIGHTS<br>(lbs)                   |                                  |      |      |                   |                                       |               |                             |      |        |    |
| SUM OF MANUF.<br>TIRE RATING (lbs)      |                                  |      |      |                   |                                       |               |                             |      |        |    |
| AXLE SPACINGS<br>(FT) -(IN)             | 1-2                              | 2-3  | 3-4  | 4-5               | 5-6                                   | 6-7           | 7-8                         | 8-9  | 9-10   |    |
|   |                                  |      |      |                   |                                       |               |                             |      |        |    |
| <b>TRIP INFORMATION:</b>                |                                  |      |      |                   |                                       |               |                             |      |        |    |
| REQUESTED START DATE:                   |                                  |      |      | PERMIT TYPE Trip: |                                       |               | Annual:                     |      |        |    |
| SPECIFIC ADDRESS OF TRIP ORIGIN/RADIUS: |                                  |      |      |                   | SPECIFIC ADDRESS OF TRIP DESTINATION: |               |                             |      |        |    |
| ROUTING:                                |                                  |      |      |                   |                                       |               |                             |      |        |    |
|   |                                  |      |      |                   |                                       |               |                             |      |        |    |
|   |                                  |      |      |                   |                                       |               |                             |      |        |    |

I (we), the PERMITTEE, have read this application form and hereby attest that the data is correct to the best of my (our) knowledge and belief, that the load is within NYSVTL legal weights and dimensions, that satisfactory arrangements have been made with the proper authorities to travel roads and cross over and under all structures not under the jurisdictional authority of the Parks Department, that required insurance will be in effect until permit expires and that the driver will be provided with the issued permit. PERMITTEE certifies that the permit vehicle is properly constructed to safely carry the permitted load and will not exceed any federal laws and regulations, including but not limited to the NYSOPRHP Regulations, NYS Vehicle and Traffic Law, Title 17 NYCRR Subpart 154-1, and the NYW Certified Escort Manual.

APPLICANT'S SIGNATURE: \_\_\_\_\_ APPLICANT'S PHONE: \_\_\_\_\_

**OVER FOR INSTRUCTIONS**

## INSTRUCTIONS

### A. GENERAL

This form is used in connection with Trip and Monthly/Annual permit applications. A CERTIFICATE OF INSURANCE must be either on file (must be on file for Monthly/Annual permits) to cover the time period of the permit. This Permit Application may be mailed or hand delivered to any Regional Office of New York State Office of Parks, Recreation, and Historic Preservation.

This permit is only valid for Parkways under Parks Department jurisdiction. Vehicles exceeding NYS Vehicle & Traffic Law Legal Dimension and weights will be reviewed by NYSDOT prior to Parks issuance. NYSOPRHP Commercial Vehicle permits for vehicles in excess of NYS VTL legal dimensions and weight are not valid except when in conjunction with valid NYSDOT Special Hauling or Divisible Load Permit. Permission must be obtained from appropriate authority when traveling over NYSDOT, County Roads, Town Highways, and City or Village Roads.

**Permissible Hauling Days:** Any normal working day, Monday through Friday, from one half-hour before sunrise to one half-hour after sunset, when weather conditions are favorable. No movements are allowed at night (between the hours of one half-hour after sunset to one half-hour before sunrise) unless authorized on the face of the permit, on Saturdays, Sundays, or the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day, or from 12 Noon the day preceding the previous holidays. The day preceding means any normal working day, Monday through Friday.

### B. APPLICANT INFORMATION

**Motor Carrier's Name and Address:** The individual/company the permit will be issued to. If a PERM 17 is on file the name must be identical to permit applicant.

**NYSDOT Account #:** This number will be assigned by DOT upon issuance of the first permit. If this number has been established by a prior permit, it must be supplied on application

**FEIN #:** This is the Federal Identification Number for your business. Not required for private (not for hire) carriers.

**Application #:** Only required if application is submitted by a Transmission Service Company.

**Requested Start Date:** The day you wish to start your move.

### C. VEHICLE INFORMATION

**DMV/IRP Reg. Wgt:** List the power unit and trailer's New York or IRP registered weight as shown on the registration or IRP Cab Card.

**Year:** List the year of manufacture of the power unit and trailer

**Make:** List the make of the power unit and trailer

**Plate #:** List the license plate number of the power unit and trailer

**State:** List the state or jurisdiction where the power unit and trailer is based.

**# of Axles:** List the number of axles on the power unit and the trailer. The steering axle counts as an axle.

**VIN #:** List the power unit vehicle identification number. Required for monthly/annual permits only.

### D. VEHICLE AND LOAD DIMENSIONS AND WEIGHTS

**Gross Weight:** List the combined gross weight of the vehicle and load.

**Load Description:** Describe what you are transporting. Make, model, and serial/unit/piece/number must be included.

**Overall Dimensions:** List the overall (vehicle including load) length, width, and height.

**Overhang:** List both rear and front (of the entire vehicle, not the trailer) overhangs. If no overhang, state 0.

**Axle Weights:** List the actual axle weights for each axle. Do not list the axle weight ratings.

**Sum of Manuf. Tire Ratings:** List the sum of the tire ratings on each axle. The MANUFACTURER'S TIRE RATINGS are listed on the side of each tire, and includes both the single and dual ratings. If there is only a single tire on each side of the axle (e.g. the steer axle), add the single ratings together. If there are more than one tire on each side, add the dual rating of each tire.

**Axle Spacings:** List the distance between each axle, as measured from the centers of each axle.

### E. TRIP INFORMATION

**Requested Start Date:** List the date for the first requested day of travel.

**Permit Type:** List as trip or monthly/annual permit.

**Specific Address of Trip Origin/Radius and Destination:** List the starting point of where the trip will begin. If applying for a monthly/annual radius permit, list the municipality from which the radius will be drawn.

**Requested Routing:** List the Parkway routes you would like to travel in Long Island. List all state, county, town, or village routes, including any routes under the jurisdiction of the NYS Department of Transportation. Direction of travel for each route is required (N, S, E, W).

### F. SIGNATURE AND PHONE NUMBER OF APPLICANT

The applicant or representative of the applicant must sign the application and list a phone number (including area code) where the applicant can be reached.