

NYS DEPARTMENT OF TRANSPORTATION

ACCOUNT MAINTENANCE

CENTRAL PERMIT OFFICE
50 WOLF ROAD, 1ST FLOOR NORTH
ALBANY, NEW YORK 12232
(518) 485-2999
TOLL FREE 1-888-783-1685
VISIT OUR WEBSITE: WWW.NYPERMITS.ORG

NEW CUSTOMER – Complete all applicable information.

ACCOUNT UPDATE – CUSTOMER NO: _____ * FOR UPDATE, ENTER ONLY THE NEW INFORMATION

ACCOUNT CLOSURE – CUSTOMER NO: _____ **REASON:** _____

Company Name:			
DBA:			
USDOT #		FEIN #	
PHYSICAL ADDRESS:			
Street Address:			
City & State:		Zip:	
MAILING ADDRESS: (If different than above)			
Street/PO Box Address:			
City & State:		Zip:	
You are required to check the type of Worker's Compensation and Disability Insurance that will be in effect for the duration of all issued OS/OW permits.			
Worker's Compensation		Disability Insurance	
<input type="checkbox"/> Self		<input type="checkbox"/> Self	
<input type="checkbox"/> Group		<input type="checkbox"/> Group	
<input type="checkbox"/> Exempt		<input type="checkbox"/> Exempt	
You are required to check the Insurance coverage limit that will be in effect for the duration of all issued OS/OW permits.			
<input type="checkbox"/>	\$750,000.00 Bodily Injury or Death in any one accident & \$250,000.00 injury to or destruction of property in any one accident.		
<input type="checkbox"/>	\$1,000,000.00 combined Single Liability coverage for any one accident.		
<input type="checkbox"/>	Undertaking – Municipalities and Government Agencies ONLY.		
Contact Person:			
Name:			
Work #	Cell #	Fax #	
E-Mail:			
Permit Service Submittal Acknowledgement			
I agree to allow Permit Service Companies to submit applications on behalf of the company as indicated by name and or customer number above.			YES NO

AFFIRMATION

False statements made on this application are punishable as a crime under Penal Law section 210.45

Authorized Representative Signature: _____ Date: _____
(Type or Write)

**You may return the completed form by e-mail to: permits@dot.ny.gov
Or Fax to: 518-457-1036**

INSTRUCTIONS

A completed Account Maintenance Form must be submitted in order to establish an account with the OS/OW Program. This form allows for additional information not provided on an application itself (DBA, multiple contact numbers, etc.). For existing accounts, the Account Maintenance Form must be submitted to make changes to account-level information.

To submit this form using e-mail, save the completed form to your computer. Open your e-mail and attach the completed form and e-mail to: Permits@dot.ny.gov

To submit this form using a fax machine; please include a cover letter addressed to "Processing" and fax the completed form to 518-457-1036.

Customer No.

Please check the appropriate box; New Customer, Account Update or Account Closure when submitting this form.

New Customer:

This is the first time applying for a permit. All applicable fields must be completed.

Account Update: Must provide your existing Customer number in space provided

You are an existing customer and are changing any of the following information:

- Company Name
- Doing Business As name (DBA)
- USDOT number
- Federal Identification Number (FEIN)
- Physical Address or any parts there of
- Mailing Address or any parts there of
- Contact Person information

Account Closure:

If you are an existing customer and you wish to close an existing permit account you are acknowledging that the identified account is no longer required and that submission of this request forfeits all associated permit rights to that account.

Please indicate Reason for closure of account; sale, transfer of business, closing business etc.

If monies remain on any closed account they will be refunded to the mailing address shown in the system at time account is closed.

For multiple account closures you must submit one signed and dated Account Maintenance Form per account.

Permit Service Submittal Acknowledgement:

By checking YES, you are acknowledging that you agree to allow Permit Service Companies to act as an Authorized Representative of your company and apply for and receive permits on your or your companies' behalf.

Affirmation:

The Affirmation portion of this form must be signed, written or typed and dated in order for this form to be considered valid.