

NEW YORK STATE
DEPARTMENT OF TRANSPORTATION

**STATEMENT OF LOST/DESTROYED GRANDFATHER RIGHTS CERTIFICATE
OR DIVISIBLE LOAD OVERWEIGHT PERMIT**

Complete all applicable sections.

NYS DOT Account Number _____

SECTION MUST BE COMPLETED CUSTOMER OR AUTHORIZED REPRESENTATIVE

Name _____ Federal ID Number _____
(Company or Qualified Individual)

Address _____
(Street) (City) (State) (Zip)

Phone (____) _____ Attention _____
(Individual Responsible For This Certification)

**LOST/DESTROYED GRANDFATHER RIGHTS CERTIFICATE
OR DIVISIBLE LOAD OVERWEIGHT PERMIT**

Please check (✓) as appropriate:

The (___) Grandfather Rights Certificate and/or (___) Permit for the vehicle listed below has been lost or destroyed.

Year & Make of Vehicle: _____ **VIN:** _____

Complete the following (if unsure leave blank):

Grandfather Certificate Number: _____ **Permit Number:** _____

**COMPLETE THIS SECTION IF TRANSFERRING PERMIT RIGHTS FROM THE ABOVE
VEHICLE TO A VEHICLE IN THE SAME ACCOUNT**

The rights for the above vehicle are to be transferred to the following vehicle:

Year & Make of Vehicle: _____ **VIN:** _____

AFFIRMATION

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. ACCORDINGLY, AND WITH NOTICE OF THE FOREGOING, I HEREBY AFFIRM THAT THE FOREGOING STATEMENTS OF FACT ARE TRUE, UNDER PENALTY OF PERJURY, THIS _____ DAY OF _____ 20____.

(Print Name and Title of Applicant or Authorized Representative) (Signature)

RETURN TO:

NEW YORK STATE
DEPARTMENT OF
TRANSPORTATION
CENTRAL PERMIT OFFICE
50 WOLF ROAD
FIRST FLOOR
ALBANY, NEW YORK 12232

1-888-783-1685
<http://www.nypermits.org/>