



## Ohio Turnpike and Infrastructure Commission (OTIC) Long Combination Vehicle Driver Certification Form

Application to approve driver to operate long combination vehicles in excess of 90 feet in length on the Ohio Turnpike

<b>NOTICE TO APPLICANT: All items in the following <b>check list</b> must be included with completed application.</b>	
Official abstract showing driver's driving record for the last 5 yrs. dated within 30 days of this application.	<input type="checkbox"/>
Copies of all *crash reports (commercial and non-commercial) occurring within the last 5 years. ( <b>*Crash reports made out by an officer of the law:</b> Police Dept., State Patrol, etc. See Below)	<input type="checkbox"/>
A <b>legible</b> photocopy of the renewed CDL (or current CDL for new applicants).	<input type="checkbox"/>
Copy of a current <u>medical certification card</u> showing expiration date. ( <u>Do NOT send personal medical information</u> )	<input type="checkbox"/>
\$10.00 non-refundable processing fee included. (Check or money order only)	

Please fill out all information completely. OTIC LCV Company Account No. 0000

Permit Holder (Company) \_\_\_\_\_

Certification Applying for:      DOUBLE       TRIPLE       New       Renewal

Current Permit Number \_\_\_\_\_  
 Current Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Driver's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_

O T I C   U S E   O N L Y	
Date Issued	_____ / _____ / _____
Expiration Date	_____ / _____ / _____
Prepared By	_____
	Initials

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Age \_\_\_\_\_  
 CDL License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Experience: (List provable driving experience only)			
<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Type of Vehicle Generally Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If license to drive issued by any state has ever been revoked or suspended, furnish information requested below:

<u>Date</u>	<u>State</u>	<u>Reason (Indicate whether revoked or suspended)</u>	<u>Date Reinstated</u>
_____	_____	_____	_____
_____	_____	_____	_____

List all ACCIDENTS (commercial and non-commercial), with reports made out by an officer of the law, during last five (5) years, most recent first and attach copies of those reports or  'On File' box if already submitted.

<u>Date</u>	<u>Location</u>	<u>Chargeable or Non-chargeable</u>	<u>Extent of Property Damage</u>	<u>Number of People Injured or Killed</u>	<u>On File</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

*Driver Application (Continued)*

If Certified to drive long combination vehicles on another toll road, furnish information requested below:

Toll Road Authority \_\_\_\_\_  
Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**DOUBLE CERTIFICATION APPLICANTS**

I hereby certify that I am the driver named in the foregoing statement and the information contained therein is true to the best of my knowledge, information and belief; and that I have at least five full years of experience driving tractor trailer or tractor double trailer combination units, which includes experience throughout the four seasons. Attached is a copy of my current physical examination certificate card and a copy of my CDL. I agree to report any chargeable accidents in which I am involved while operating a commercial or non-commercial vehicle during the period of my driver certification under this permit and to see to it that such information is reported by me or the Permit Holder to the Ohio Turnpike and Infrastructure Commission.

\_\_\_\_\_  
(Signature of driver)

**TRIPLE CERTIFICATION APPLICANTS**

I hereby certify that I am the driver named in the foregoing statement and the information contained therein is true to the best of my knowledge, information and belief; and that I have at least five full years of experience driving double and/or triple combination units, which includes experience throughout the four seasons. Attached is a copy of my current physical examination certificate card and a copy of my CDL. I agree to report any chargeable accidents in which I am involved while operating a commercial or non-commercial vehicle during the period of my driver certification under this permit and to see to it that such information is reported by me or the Permit Holder to the Ohio Turnpike and Infrastructure Commission.

\_\_\_\_\_  
(Signature of driver)

I hereby certify that I am an authorized officer of the Permit Holder. It hereby is requested that this applicant be approved to drive long combination vehicles on the Ohio Turnpike and that a driver's identification card be issued to him. The Permit Holder hereby certifies that the driver named in this application is an employee, under contract to, and under the control and direction of, the Permit Holder, that he is qualified to operate long combination vehicles in excess of 90 feet in length, and that the information submitted in this application is true to the best of our knowledge and belief. Permit Holder accepts responsibility for informing the driver of the applicable terms and conditions of the permit relating to operation of equipment and for reporting to the Ohio Turnpike and Infrastructure Commission any chargeable accidents as mentioned above the signature of the driver.

**Send Cards to:**

Authorized Officer (Print) \_\_\_\_\_ Attention of \_\_\_\_\_  
Signature \_\_\_\_\_ Company \_\_\_\_\_  
Title (Print) \_\_\_\_\_ Address \_\_\_\_\_  
E-Mail (optional) \_\_\_\_\_

**Return Completed forms to:**

CHIEF ENGINEER  
OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION  
682 PROSPECT STREET  
BEREA, OHIO 44017