

# CHECKLIST FOR TRIPLES PERMIT APPLICATIONS

ALL REQUIRED PAPERWORK MUST  
BE ATTACHED TO APPLICATIONS

## NEW Applications for Indiana and Ohio:

- TWO COPIES OF CDL LICENSE
- TWO COPIES OF MEDICAL CARD (BOTH SIDES) – **Check Expiration Date**
- BOTH APPLICATIONS COMPLETELY FILLED IN & SIGNED

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Signature of Person Accepting Applications from Driver

## RENEWAL Applications for Indiana and Ohio:

- TWO COPIES OF CDL LICENSE  
**Check Expiration Date – Make sure it doesn't expire on the same day as the driver's current Ohio and Indiana Triples Permits – If it does, advise the driver that the license must be renewed before the applications can be accepted.**
- TWO COPIES OF MEDICAL CARD (BOTH SIDES) – **Check Expiration Date**
- TWO COPIES OF CURRENT OHIO TRIPLES PERMIT CARD
- TWO COPIES OF CURRENT INDIANA TRIPLES PERMIT CARD
- BOTH APPLICATIONS COMPLETELY FILLED IN & SIGNED  
**If address on driver's CDL and applications do not match, need explanation why.**

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Signature of Person Accepting Applications from Driver

**PLACE COMPLETED APPLICATIONS IN SUSAN'S  
IN BOX FOR PROCESSING**

# DRIVER APPLICATION

- New Driver
- Renewal
- Triple Approved

For Operation of Tandem/Triple Trailer Combinations  
In Excess of 65 Feet in Length  
On the Indiana Toll Road

(This Form Must Be Typed and Must Bear the Proper Signatures)  
(PLEASE LEAVE THIS SECTION BLANK)

Previous Permit No. TT079-D
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Permit Number	Issue Date	Expiration
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PLEASE COMPLETE ALL OF THE FOLLOWING ITEMS WITH CURRENT INFORMATION:

1. Name \_\_\_\_\_ Age \_\_\_\_\_
2. Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
3. Weight \_\_\_\_\_ Height \_\_\_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_
4. Chauffeur's License No. \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_

5. Employed by **ROADWAY EXPRESS, INC.** \_\_\_\_\_

6. Experience: (Five (5) Full Years Needed to Qualify – List Provable Experience Only)  
(List Month, Day, Year)

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Type Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If License issued by any State has ever been revoked/suspended, furnish information:

<u>Date</u>	<u>State</u>	<u>Reason (Indicate Revoked / Suspended)</u>	<u>Date Reinstated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Accidents: (List all during last five (5) years and attach accident report for each)

<u>Date</u>	<u>Location</u>	<u>Chargeable or Non-Chargeable</u>	<u>Extent of Property Damage</u>	<u>Number injured or Killed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. If certified to drive Tandem/Triple Combination on another toll facility, please list below:

Toll Facility \_\_\_\_\_

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. Attached is a copy of my current physical examination certificate and driving record for the last five (5) years from the State Bureau of Motor Vehicles.

\_\_\_\_\_  
Signature of Driver

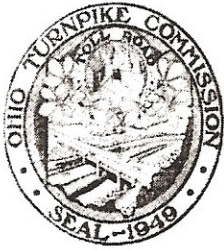
It is hereby requested that the herein named be approved as a driver of Tandem and/or Triple Trailer Combination on the Indiana Toll Road and that a driver identification card be issued to him/her. We certify that this driver is an employee of this Company, that he/she is qualified to operate a Tandem and/or Triple Combination, that he/she is of good moral character, and that the information submitted in this application is true to the best of our knowledge and belief.

By \_\_\_\_\_

Title Division Vice President

Company Roadway Express, Inc.

Mailing Address 2000 Lincoln Highway  
Chicago Heights, IL 60411



## Ohio Turnpike Commission 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: Items in the following check list must be included with 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. <small>(*Crash reports made out by an officer of the law: Police Dept., State Patrol, etc. See Below)</small>	<input type="checkbox"/>
A legible photocopy of the renewed CDL (or current CDL for new applicants).	<input type="checkbox"/>
Copy of a current medical certification card showing expiration date. <small>(Do NOT send personal medical information)</small>	<input type="checkbox"/>
\$ 1 0 . 0 0 non-refundable processing fee	<input type="checkbox"/>

Please fill out all information completely.

OTC Charge Account Number 0000

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

Certification Applying for:      DOUBLE       TRIPLE       New       Renewal

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

<u>O T C U S E O N L Y</u>	
Date Issued	_____ / _____ / _____
Expiration Date	_____ / _____ / _____
Prepared By	_____
	<small>Initials</small>

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

Experience: (List provable driving experience only)				<u>Type of Vehicle Generally Operated</u>
<u>From</u>	<u>To</u>	<u>Employer</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 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 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 Commission any chargeable accidents as mentioned above the signature of the driver.

**Send Cards to:**

Authorized Officer (Print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Title (Print) Division Vice President  
E-Mail (optional) \_\_\_\_\_

Attention of Susan Steinkraus  
Company Roadway Express, Inc  
Address 2000 Lincoln Highway  
Chicago Heights, IL 60411-7740

**Return Completed forms to:**

TRAFFIC ENGINEER  
OHIO TURNPIKE COMMISSION  
682 PROSPECT STREET  
BEREA, OHIO 44017

**Send Invoices to:**

**If same as above check here:**

Attention of \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_