

DRIVER APPLICATION

FOR OPERATION OF TANDEM/TRIPLE TRAILER COMBINATIONS IN EXCESS OF 65 FEET IN LENGTH ON THE INDIANA TOLL ROAD

Submit only via email to: lcvpermits@indot.in.gov
(This Form must be typed and must bear the proper signatures)



☐ New Driver

☐ Renewal or Lost ID

☐ Triple Approved

Previous/Current IN Permit No.

(For INDOT Office use only - Leave this section blank)

Permit Number

Issue Date

Expiration Date

PLEASE COMPLETE ALL OF THE FOLLOWING WITH CURRENT DRIVER INFORMATION:

- 1) Driver Name _____ Age _____
- 2) Address _____
(Street) (City & State) (ZIP Code)
- 3) Weight _____ Height _____ Color Hair _____ Color Eyes _____
- 4) Chauffeur's License No. _____ State _____ Exp. Date _____
- 5) Employer: _____
- 6) Experience: _____
(Five (5) Full Years Needed to Qualify -- List ALL Provable Experience Only)

(List Month, Day, Year)

FROM

TO

EMPLOYER

TYPE VEHICLE OPERATED

- 7) If license issued by any State has ever been revoked / suspended, furnish information:

DATE

STATE

REASON (Indicate Revoked / Suspended)

DATE REINSTATED

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

DATE

LOCATION

CHARGEABLE OR
NON-CHARGEABLE

EXTENT OF
PROPERTY DAMAGE

NUMBER INJURED
OR KILLED

- 9) If Certified to drive Tandem/Triple Trailer Combinations 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 Combinations 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 Trailer 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.

Signature _____

Company _____

Printed Name _____

Mailing Address _____

Title _____

Telephone _____

E-mail address _____