



**Motor Carrier Attachment**

**Motor Carrier Attachment NYSDOT documentation of ETA Application  
Letters dated May 20, 2016 ,May 26, 2016, June 6, 2016 and May 3, 2018**

**Schoharie, NY October 6, 2018**

**HWY19MH001**

(20 pages)

Serial 5/20/16

NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION FOR EMERGENCY TEMPORARY AUTHORITY (ETA) TO TRANSPORT PASSENGERS

PLEASE PRINT LEGIBLY

Prestige Limousine

(Name of company applying for ETA)

I. TYPE OF EMERGENCY: In order for Emergency Temporary Authority to be issued, the applicant must demonstrate that there is an "unforeseen emergency need" which demonstrates "that there is an immediate or urgent need" for the service that is being requested. Explain in detail what the emergency is and why is there a need for such authority:

Prom season is very short this year. Only a few dates for prom because most schools have to do their prom on same dates as other schools. MAY 21st is a major date and we would highly appreciate if we could achieve a temporary DOT.

II. BUSINESS TYPE:

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

Form of Business

- Individual
[X] Individual with a d/b/a
Partnership
Partnership with a d/b/a
NYS Limited Liability Company (LLC)
NYS LLC with a d/b/a
NYS Corporation
NYS Corporation with a d/b/a
NYS Limited Partnership (LP)
NYS LP with a d/b/a
Foreign Corporation
Foreign Corporation with a d/b/a

Required Document to be Submitted:

- None
Certificate filed with the County Clerk
Certificate filed with the County Clerk
Certificate filed with the County Clerk
Receipt from the NYS Secretary of State
Receipt from the NYS Secretary of State
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Receipt from the NYS Secretary of State

If the company is doing business under an assumed name, please list the assumed name below:

HASY Limo



**III. COMPANY'S INFORMATION:**

1. Physical address where business records may be examined:

776 Saratoga road  
 Street -- A Post Office Box is not acceptable  
Cansevoort, NEW YORK, 12831  
 Municipality, State, Zip Code

2. Mailing address (if different from the physical address):

\_\_\_\_\_  
 Street or Post Office Box Number  
 \_\_\_\_\_  
 (Municipality, State, Zip Code)

3. Telephone Number: 5183655043


4. Fax Number: 5183064868

5. Cell Number: 

6. E-mail address: hasylimousine@yahoo.com

7. Website: www.hasylimo.com

8. Federal employer identification # (FEIN) - applied for -

If you do not have a FEIN, list individual's social security # 

9. Does the applicant or any of its owners or officers currently have or has ever held authority from NYSDOT?  YES or  NO  
 If YES, please list Case number(s): \_\_\_\_\_

10. Does the applicant or any of its owners or officers currently have or has ever held authority from the federal government?  YES or  NO  
 If YES, please list the MC number(s): \_\_\_\_\_

11. Does the applicant or any of its owners or officers currently hold or has ever held a USDOT?  YES or  NO  
 If YES, please list the number(s): \_\_\_\_\_

12. Please list names, percent of ownership and titles of all owners, members and officers:

Name	% of Ownership	Title
SHAHED HUSSAIN	100%	owner / CEO
<del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del>	<del>10%</del>	<del>XXXXXXXXXX</del>

13. If you do not currently have authority from NYSDOT, please describe your experience in transporting passengers for hire:

We have a lot of experience in transporting passengers. We enjoy doing business in our area. All of our customers leave satisfied with our service.

**IV. VEHICLE(S) TO BE USED BY THE COMPANY:**

Make	Model	GVWR*	Manufacturer's Rated Seating Capacity **
FORD	EXC	13360	21
FORD	EXC	13080	18

\* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that a vehicle can operate at. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver's door.

\*\* The Manufacturer's Rated Seating Capacity is listed on a tag which is generally located on the jam of the driver's door. It is the maximum seating capacity of the vehicle and may be different from the number of seats actually in a vehicle.

**V. TYPE OF SERVICE:** The Department issues the three types of authority. Please mark the one that best describes the authority you are requesting:

- Common carrier -- serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service.
- Contract carrier -- has a contract with a person or organization for the exclusive use of a vehicle at a fixed price.
- Chartered and special parties -- serves individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation.

Please describe the details of the service you want to provide:

Limousine service for bachelor/bachelorette parties, birthday parties, proms, weddings, nights out.

**IV. TERRITORY TO BE SERVED:** Describe the location where you will be traveling to and from, including the municipality and county, and the dates when the service will be provided:

Albany, Saratoga, HUDSON VALLEY,  
MAY 21 & 28, 2016, June 4 & 5, 2016.

**VI. SAFETY:**

1. Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order?  YES or  NO.

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law. These can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>. When the website loads, you will click on the *Laws* button. A page displaying the laws will appear and you can either click on the *TRA* button for the Transportation Law or the *VAT* button for the Vehicle and Traffic Law.

3. By submitting this application, the applicant certifies that it is familiar and will comply with the following regulations which can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/rules-regulations>:

- 17 NYCRR §701.1 -- Rendition of continuous, safe & adequate service.
- 17 NYCRR Part 720 -- Vehicle safety regulations.
- 17 NYCRR Part 721 -- Vehicle/driver operational requirements.
- 17 NYCRR Part 722 -- Report of accidents.
- 17 NYCRR Part 723 -- Hours of Labor.
- 17 NYCRR Part 742 -- Retention of records.
- 17 NYCRR Part 750 -- Insurance.
- 17 NYCRR Part 781 -- Use of non-owned equipment by passenger carriers.

4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:

- The reporting of accidents.
- Driver qualifications.
- Hours of service.
- Drug and alcohol testing requirements.
- The inspection, repair and maintenance of vehicles.

5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.


6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.

**VERIFICATION AND SIGNATURE**

False statements made in this application 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 all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this 10 day of MAY 2016.

SHAHED HOSSAIN  
PRINT NAME

  
(Signature)

CEO  
(Title if Corporate Officer)

**THIS APPLICATION CAN BE FAXED TO THE DEPARTMENT AT 518-457-4621, BUT THE APPLICATION WITH AN ORIGINAL SIGNATURE MUST BE SENT BY OVERNIGHT MAIL TO NYSDOT, OFFICE OF PROCEEDINGS, 50 WOLF ROAD, ALBANY, NY 12232.**

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION FOR EMERGENCY TEMPORARY AUTHORITY (ETA) TO TRANSPORT PASSENGERS**

**PLEASE PRINT LEGIBLY**

Prestige Limo

(Name of company applying for ETA)

**I. TYPE OF EMERGENCY:** In order for Emergency Temporary Authority to be issued, the applicant must demonstrate that there is an "unforeseen emergency need" which demonstrates "that there is an immediate or urgent need" for the service that is being requested. Explain in detail what the emergency is and why is there a need for such authority:

we have contracted rides for the vehicle that is over 20 passenger. for the dates of June 3<sup>rd</sup> + 4<sup>th</sup> 2016. also June 10+11 2016. for proms. If we do not provide service we will be sued for breach of contract. That would mean severe financial loss to a small company.

**II. BUSINESS TYPE:**

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

**Form of Business**

**Required Document to be Submitted:**

- Individual
- Individual with a d/b/a
- Partnership
- Partnership with a d/b/a
- NYS Limited Liability Company (LLC)
- NYS LLC with a d/b/a
- NYS Corporation
- NYS Corporation with a d/b/a
- NYS Limited Partnership (LP)
- NYS LP with a d/b/a
- Foreign Corporation
- Foreign Corporation with a d/b/a

- None
- Certificate filed with the County Clerk
- Certificate filed with the County Clerk
- Certificate filed with the County Clerk
- Receipt from the NYS Secretary of State
- Receipt from the NYS Secretary of State
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- Receipt from the NYS Secretary of State

If the company is doing business under an assumed name, please list the assumed name below:

\_\_\_\_\_

III. COMPANY'S INFORMATION:

1. Physical address where business records may be examined:

776 Saratoga road  
Street -- A Post Office Box is not acceptable  
Gansevoort, NY 12831  
Municipality, State, Zip Code

2. Mailing address (if different from the physical address):

\_\_\_\_\_  
Street or Post Office Box Number  
\_\_\_\_\_  
(Municipality, State, Zip Code)

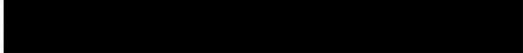
3. Telephone Number: 518 365 5043

4. Fax Number: 518 306 4868

5. Cell Number: 

6. E-mail address: ~~hasylimo@limousine.com~~ hasylimousine@yahoo.com

7. Website: www.hasylimo.com

8. Federal employer identification # (FEIN) 0 

If you do not have a FEIN, list individual's social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Does the applicant or any of its owners or officers currently have or has ever held authority from NYSDOT?  YES or  NO  
If YES, please list Case number(s): \_\_\_\_\_

10. Does the applicant or any of its owners or officers currently have or has ever held authority from the federal government?  YES or  NO.  
If YES, please list the MC number(s): \_\_\_\_\_

11. Does the applicant or any of its owners or officers currently hold or has ever held a USDOT?  YES or  NO.  
If YES, please list the number(s): \_\_\_\_\_

12. Please list names, percent of ownership and titles of all owners, members and officers:

Name	% of Ownership	Title
<u>Shahed Hussain</u>	<u>100 %</u>	<u>owner</u>



13. If you do not currently have authority from NYSDOT, please describe your experience in transporting passengers for hire:

We have done many proms, weddings, nights out, wine tours, bachelor +ette parties, birth days.

**IV. VEHICLE(S) TO BE USED BY THE COMPANY:**

Make	Model	GVWR*	Manufacturer's Rated Seating Capacity **
2002	FORD EXC	13360	20

\* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that a vehicle can operate at. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver's door.

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**V. TYPE OF SERVICE:** The Department issues the three types of authority. Please mark the one that best describes the authority you are requesting:

- Common carrier -- serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service.
- Contract carrier -- has a contract with a person or organization for the exclusive use of a vehicle at a fixed price.
- Chartered and special parties -- serves individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation.

Please describe the details of the service you want to provide:

Birthdays, Proms, Weddings, Nights Out.

**IV. TERRITORY TO BE SERVED:** Describe the location where you will be traveling to and from, including the municipality and county, and the dates when the service will be provided:

Albany, Saratoga, Hudson Valley

**VI. SAFETY:**

1. Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order?  YES or  NO.

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law. These can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>. When the website loads, you will click on the *Laws* button. A page displaying the laws will appear and you can either click on the *TRA* button for the Transportation Law or the *VAT* button for the Vehicle and Traffic Law.

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- The reporting of accidents.
- Driver qualifications.
- Hours of service.
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**VERIFICATION AND SIGNATURE**

False statements made in this application 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 all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this 24 day of May 2016.

SHAHED HUSSAIN

PRINT NAME



(Signature)

Owner

(Title if Corporate Officer)

**THIS APPLICATION CAN BE FAXED TO THE DEPARTMENT AT 518-457-4621, BUT THE APPLICATION WITH AN ORIGINAL SIGNATURE MUST BE SENT BY OVERNIGHT MAIL TO NYSDOT, OFFICE OF PROCEEDINGS, 50 WOLF ROAD, ALBANY, NY 12232.**

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HASY LIMOUSINE

(Name of company applying for ETA)

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- NYS Corporation
- NYS Corporation with a d/b/a
- NYS Limited Partnership (LP)
- NYS LP with a d/b/a
- Foreign Corporation
- Foreign Corporation with a d/b/a

**Required Document to be Submitted:**

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 Street -- A Post Office Box is not acceptable  
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 Municipality, State, Zip Code

2. Mailing address (if different from the physical address):

\_\_\_\_\_  
 Street or Post Office Box Number  
 \_\_\_\_\_  
 (Municipality, State, Zip Code)

3. Telephone Number: 518 365 5043

4. Fax Number: 518 306 4868

5. Cell Number: [REDACTED]

6. E-mail address: ~~www.nasytime.com~~ nasytime@yaho.com

7. Website: www.nasytime.com

8. Federal employer identification # (FEIN) \_\_\_\_\_

If you do not have a FEIN, list individual's social security # [REDACTED]

9. Does the applicant or any of its owners or officers currently have or has ever held authority from NYSDOT?  YES or  NO  
 If YES, please list Case number(s): \_\_\_\_\_

10. Does the applicant or any of its owners or officers currently have or has ever held authority from the federal government?  YES or  NO.  
 If YES, please list the MC number(s): \_\_\_\_\_

11. Does the applicant or any of its owners or officers currently hold or has ever held a USDOT?  YES or  NO.  
 If YES, please list the number(s): \_\_\_\_\_

12. Please list names, percent of ownership and titles of all owners, members and officers:

Name	% of Ownership	Title
Nauman Hussain	100%	owner
SHAHED HUSSAIN	0%	manager

13. If you do not currently have authority from NYSDOT, please describe your experience in transporting passengers for hire:

We have done many proms, weddings, nights out, wine tours, bachelor + ette parties, birth days.

IV. VEHICLE(S) TO BE USED BY THE COMPANY:

Make	Model	GVWR*	Manufacturer's Rated Seating Capacity **
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Albany, Saratoga, Hudson Valley

VI. **SAFETY:**

1. Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order?  YES or  NO.

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law. These can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>. When the website loads, you will click on the **Laws** button. A page displaying the laws will appear and you can either click on the **TRA** button for the Transportation Law or the **VAT** button for the Vehicle and Traffic Law.

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4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:

- The reporting of accidents.
- Driver qualifications.
- Hours of service.
- Drug and alcohol testing requirements.
- The inspection, repair and maintenance of vehicles.

5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.

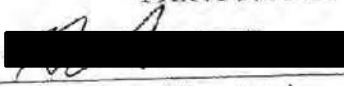
6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.

**VERIFICATION AND SIGNATURE**

False statements made in this application 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 all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this 26 day of May 2016.

NAUMAY HUSSAINY  
PRINT NAME

  
(Signature)

Owner  
(Title if Corporate Officer)

**THIS APPLICATION CAN BE FAXED TO THE DEPARTMENT AT 518-457-4621, BUT THE APPLICATION WITH AN ORIGINAL SIGNATURE MUST BE SENT BY OVERNIGHT MAIL TO NYSDOT, OFFICE OF PROCEEDINGS, 50 WOLF ROAD, ALBANY, NY 12232.**





**SARATOGA LUXURY LIMO/ dba HASY LIMOUSINE**  
776 SARATOGA ROAD  
GANSEVOORT, NY 12831  
www.saratogaluxurylimo.com  
saratogaluxurylimo@yahoo.com  
(518) 306-7663

Please review the following terms and agreements pertaining to your Limousine Rental and sign if you are in agreement:

Rental of limousines and or other vehicles from SARATOGA LUXURY LIMO /dba HASY LIMOUSINE are subject to the following terms and conditions:

Unless otherwise specified, all reservations require a major credit card. Reservations are finalized upon receipt of a signed contract/agreement. All deposits are non-refundable and a 2 week cancellation policy is required. Time of your trip starts when driver arrives to pickup destination and concludes when all passengers/items are out of the limousine at final destination. Any overage on time at conclusion of ride has to be paid for at the end of final destination. Vehicles are provided by HASY LIMOUSINE.

No possession, sale or consumption of any type of narcotics or illegal drugs is permitted. Violations will result in immediate termination of contract and services and forfeiture of all paid deposits and fees for service. Client or renter is responsible for his/her guests, for any damage to the interior and equipments of the vehicle. This is including but not limited to: gum, wine and alcohol spillage, vomiting, breakage of champagne, wine and drink glasses, breakage of decanters, breakage of lights, television, VCR, radio, CD player. Repair and replacement of items shall have a minimum charge of at least \$100. If anyone gets sick in the car there is a \$250 clean up charge. All passengers agree to behave in an orderly and well-behaved manner. SARATOGA LUXURY LIMO /dba HASY LIMOUSINE reserve the right to expel any person from the vehicle and/or terminate this contract in the event of a violation of any of these conditions by any passenger. In the event of such early termination, no portion of the rental fees shall be refunded. While we are happy to let you bring personal compact disks, videotapes and other various personal items we do not take any responsibility for items that are left in the vehicle during or after completion of the limousine rental period.

SARATOGA LUXURY LIMO /dba HASY LIMOUSINE strive to adhere to the scheduled trip times, but shall not be held responsible for late arrival caused by (but not limited to) acts of nature, traffic delays, breakdown, incorrect pickup and drop-off information, or any other situation beyond our control. In the event any part of this contract is declared unenforceable, the remaining provisions of this agreement shall remain in full force and effect. If the limousine rental is for a minor under the age of (18) eighteen this agreement must be signed by either a parent or legal guardian over the age of (18)

All vehicles are quoted subject to availability at the time of booking. Rates are subject to change without notice until a signed contract is in hand. A deposit of 25% of the total amount is required at the time of booking and is nonrefundable. The balance is due at the time of the service. SARATOGA LUXURY LIMO /dba HASY LIMOUSINE reserve the right to substitute the limousine or the color of the vehicle at its own discretion, although all efforts will be made to avoid any unnecessary changes.

By signing this form, I agree to the terms and conditions of this agreement. I declare that I am over the age of (18) eighteen and I sign with full agreement and understanding of the terms and conditions described above. I accept full responsibility for other persons in my party.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_  
Troy, NY

Email \_\_\_\_\_

Pick up Address \_\_\_\_\_ Destination \_\_\_\_\_

Saratoga Springs, NY Troy, NY  
Details or Comments: 20 passenger stretch SUV Limousine

Payment Method: Credit Card  X Check: \_\_\_\_\_ Cash: \_\_\_\_\_  
Signature \_\_\_\_\_ Date 3/28/16 Deposit paid \$595.00



Department of  
Transportation

ANDREW M. CUOMO  
Governor

MATTHEW J. DRISCOLL  
Commissioner

Cathy Calhoun  
Chief of Staff

May 20, 2016

SENT VIA E-MAIL  
hasylimousine@yahoo.com

Shahed Hussain  
Prestige Limousine / Hasy Limo  
776 Saratoga Road  
Gansevoort, New York 12831

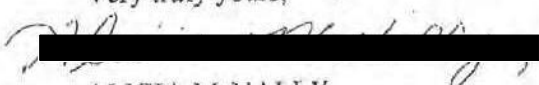
RE: CASE 39746—Application of Shahed Hussain d/b/a Hasy Limo for Emergency Temporary Authority to transport chartered and special parties between all points in Albany and Saratoga Counties and the Hudson Valley.

Dear Mr. Hussain:

I am reviewing your application for Emergency Temporary Authority (ETA) which is governed by regulations found in 17 NYCRR Section 502.5. These regulations require an applicant seeking ETA to demonstrate that there is an unforeseen emergency or an immediate or urgent need for such transportation. ETA is traditionally granted when a contract requires the applicant to start providing service within a very short time-frame which does not allow for the time it takes to publish a notice in the Weekly Bulletin. The application you have submitted simply states that "[p]rom season is very short this year . . . May 21<sup>st</sup> is a major date." I do not find that this meets the requirements of the aforementioned regulations and your request is hereby denied. I would also point out the following problems with your application:

1. You failed to provide documentation regarding your corporate status as required by Section II.
2. Additionally, you indicated that you were an individual operating with a d/b/a, however, you listed the name of two companies. We need clarification on which d/b/a you will be using to provide this service.

Very truly yours,

  
ALICIA McNALLY  
Administrative Law Judge  
Office of Proceedings

cc: D. Sandhu, NYSDOT, Sent via e-mail  
D. Winans, NYSDOT, Sent via e-mail  
M. Bisio, NYSDOT, Sent via e-mail



Department of  
Transportation

ANDREW M. CUOMO  
Governor

PAUL A. KARAS  
Acting Commissioner

Hazy Limousine, Saratoga Luxury Limousine  
Prestige Limousine, Chauffeur Service  
776 Saratoga Road  
Gansevoort, NY 12831

May 3, 2018

Dear Applicant,

Your application is incomplete and being returned for the following reasons:

1. **Page 2, Section I. Business Type.** You checked the individual with a d/b/a but you failed to include the individuals name and a copy of the Certificate filed with the County Clerk for your d/b/a names "Hasy Limousine" and "Saratoga Luxury Limousine". Please clarify the additional names listed: Prestige Limousine and Chauffeur Service.
2. **Page 3, Section II. Company Information.** You failed to include your Federal employer identification number (FEIN) and the individual social security number you provided does not match the social security number provided on a previously submitted application.

Please be sure to include all of the requested information when you submit your application, failure to do so may result in further delay.

If you have any further questions, please contact: [REDACTED]

Completed applications should be resubmitted to:

[REDACTED]  
New York State Department of Transportation  
Office of Modal Safety and Security  
50 Wolf Road, POD 53  
Albany, NY 12232