



THE PORT AUTHORITY OF NY & NJ

Sequential Number

E-ZPass EXCEPTION FORM

To be filled out by Customer

Registered Owner's Name		Trucking Firm's Name	
Driver's Name (Print)		Driver's License Number	
Company's Address			
(Street)		City	State
			Zip Code
		Telephone	

To be filled out by PA Toll Supervisor

George Washington Bridge		Staten Island Bridges		Holland Tunnel	Lincoln Tunnel
<input type="checkbox"/> GWU <input type="checkbox"/> GWP <input type="checkbox"/> GWL		<input type="checkbox"/> BB <input type="checkbox"/> GB <input type="checkbox"/> OBX			
Date:		Vehicle License Plate		Vehicle Classification	
Time: a.m. <input type="radio"/>				# of Axles	
p.m. <input type="radio"/>		State			
TAG #	E-ZPass Tags which Do Not start with 004, 005, 008, 009, 022 or which cannot be seen:				
	<ul style="list-style-type: none"> • Require a copy of the Vehicle Registration AND Driver's License • Copies must be attached to the E-ZPass Exception Form 				
	Very Important				
G#* _____					
Toll for Special (Double the Toll Per Axle if tag was NOT read in lane.)		Escort Fee \$40.00 (Fill in if fee should be charged)		TOTAL DUE	
\$ _____		\$ _____		\$ _____	
Did vehicle use toll lane:			Was the lane in Pass-Thru?		
<input type="checkbox"/> No <input type="checkbox"/> Yes lane # _____			<input type="checkbox"/> No <input type="checkbox"/> Yes		

I hereby authorize E-ZPass to debit my account for the amount listed above for passage over the named Port Authority facility or remit payment upon receipt of invoice.

MUST BE TIME & DATE STAMPED

Toll Supervisor's Signature
(Must be signed)
(I have reviewed form for accuracy)

Driver's Signature

Name: _____
(Print Clearly)

Employee ID # _____

Signature: _____

Date: _____

Please refer to Tolls Tab to calculate Special Toll Charge