

## THE CENTRAL BUSINESS DISTRICT TOLLING PROGRAM ORGANIZATIONAL DISABILITY EXEMPTION PLAN APPLICATION

Please indicate your application type by placing ✓

☐ New Application

☐ Recertification

☐ Appeal Application

### GENERAL INSTRUCTIONS

1. The Organizational Disability Exemption Plan (ODEP) for the Central Business District Tolling Program (CBDTP) in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ), is available for organizational entities possessing the required licensure and/or permissions from the appropriate governmental agencies authorizing their vehicles for the use of transporting persons with disabilities. **This exemption only applies to tolls incurred in the CRZ.**
2. Qualifying eligible vehicles must be used in the CRZ solely for the purpose of transporting persons with disabilities.
3. Enrollment in the ODEP requires a valid E-ZPass NY Business account. New E-ZPass NY customers must establish an E-ZPass NY account before submitting the ODEP application. Existing E-ZPass NY customers will be required to provide a valid E-ZPass NY Business account number.
4. For the fastest processing of your application, please complete it online by visiting [crzexemptions.mta.info](http://crzexemptions.mta.info). If mailing the application, see *General Instructions 7 below*.
5. Do not submit this application without the required credentialing documents or your application may be rejected (*see Section IB and Section III*).
6. Applicants will receive a formal decision once their application is processed. If denied, the decision notice will inform the applicant of the reason(s) for the denial, their right to appeal, and the deadline for appealing. You may appeal by providing a written statement to the New York Customer Service Center (NYCSC) responding to the reason(s) for the denial, including any supporting documents, along with a re-completed Application, checking the Appeal Application box above (*See General Instructions 7*).
7. Mail Applications or Appeals to: Customer Account Correspondence

Attention: ODEP Application Processing  
PO Box 15188  
Albany, NY 12212-5103

8. Annual recertification is required for the ODEP based on the date the plan was added to the customer's E-ZPass NY account. Your organization will be notified when the ODEP approaches the expiration date.
9. More information is available on the E-ZPass NY website ([e-zpassny.com](http://e-zpassny.com)); if you have questions, please call the NYCSC at 1-800-333-TOLL (8655).

**Please note: This Application is subject to review and verification; Triborough Bridge and Tunnel Authority (TBTA) may request additional proof of eligibility at any time.**

## SECTION I - GENERAL INFORMATION

**A. Name of Organization** (provide full legal name and d/b/a, if applicable):

\_\_\_\_\_

d/b/a: \_\_\_\_\_

Principal Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Web Address (URL): \_\_\_\_\_

Organization Social Media Accounts: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Mobile: \_\_\_\_\_

Work Email: \_\_\_\_\_

**B. Proof of Organizational Entities** (choose only one by placing X):

- ☐ **Sole Proprietorship:** Provide a copy of your most recent IRS Form 1040 Schedule C and/or New York City Unincorporated Business Tax Form (NYC-5UBTI).

*NOTE: Please redact social security numbers or employer identification numbers (EINs) on documents before submitting. [\[Upload/Attach Documents\]](#)*

- ☐ **Partnership:** Provide a certified copy of the partnership certificate from the county clerk where the partnership's principal place of business is located.  
*[\[Upload/Attach Documents\]](#)*

- ☐ **Corporation:** Provide a copy of your certificate of incorporation.  
*[\[Upload/Attach Documents\]](#)*

- ☐ **Limited Liability Company (LLC):** Provide a copy of your articles of organization. *[\[Upload/Attach Documents\]](#)*

*Note: If you are operating more than one organizational entity, you must apply separately for each entity you operate*

## SECTION II - ORGANIZATIONAL CATEGORY

Choose only one by placing ✓:

- \_\_\_ New York City Transit Authority Access-A-Ride Services (*Go to Section IIIA*)
- \_\_\_ Paratransit/Ambulette (*Go to Section IIIB*)
- \_\_\_ School/Special Education Facility (*Go to Section IIIC*)
- \_\_\_ Other (*Go to Section IIID*)

## SECTION III - REQUIRED CREDENTIAL(S)

Fill out only the applicable section according to Section II above.

### A. Access-A-Ride Services

If your organization is under contract with the New York City Transit Authority (“NYCTA”) to provide Access-a-Ride (“AAR”) services, please provide the contract number:

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***Go to Section IV***

### B. Paratransit/Ambulette

1. Please indicate under which State your organization has the authority to provide paratransit/ ambulette services (*choose only one by placing ✓*).

- a. New York \_\_\_

Please provide your Common Carrier Certificate and/or a Contract Carrier Permit issued by New York State Department of Transportation authorizing your organization to provide paratransit/ambulette transportation services for persons with disabilities *[Upload/Attach Documents]*.

- b. Other State\_\_\_ Please Indicate which State: \_\_\_\_\_

If your organization owns vehicles licensed by any other State to provide paratransit/ambulette services or transportation services for people with disabilities, please provide a copy of supporting documentation *[Upload/Attach Documents]*.

***Go to Section IV***

**C. School/Special Education Facility**

1. If your organization is under contract with any school or special education facilities to provide transportation services to persons with disabilities, please provide a letter from the school administrator on letterhead describing contracted services and provide a copy of supporting documentation from your State authorizing your organization to provide such services *[Upload/Attach Documents]*.

***Go to Section IV***

**D. Other Entities that May Qualify for CBDTP Disability Exemption**

If your organization does not meet the requirements under subsections A, B, or C above, but still provides transportation services to persons with disabilities, you may still qualify for the ODEP. If you believe your organization qualifies under this Section, provide the information below:

1. What type of service does your organization provide?

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2. In addition to providing the documentation requested in Section IB, please provide any additional governmental documentation authorizing your organization to provide such services. (e.g., government license, certificate, or permit to provide services to persons with disabilities) *[Upload/Attach Documents]*.

***Go to Section IV***

## SECTION IV – E-ZPASS ACCOUNT NUMBER

*To be eligible for ODEP, the Organization must have an active E-ZPass NY account, and **ALL** vehicle(s) listed on the account must meet the requirements for ODEP to be added to the account. Do not submit this application without providing an active E-ZPass NY account number, or your application will be rejected.*

*If the Organization already has an E-ZPass NY account but one or more vehicles do not meet the requirements for ODEP or the Organization does not have an E-ZPass NY account, the Organization needs to establish a new E-ZPass NY account for the vehicle designated for ODEP.*

*For more information on how to apply for an E-ZPass NY business account, visit [www.e-zpassny.com](http://www.e-zpassny.com)*

**Please provide your E-ZPass NY Account Number:**

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## SECTION V – ATTESTATION

By applying for the Organizational Disability Exemption Plan, I certify that I am authorized to apply on behalf of my Organization and that all the vehicles listed on this application will be used solely in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ), for the purpose of transporting persons with disabilities. I understand that TBTA reserves the right to terminate any Organization from the program that submits falsified documents or does not abide by program rules.

If supporting documentation provided as part of this Application does not suffice, my Organization may be required to provide additional information or documentation to certify proof of eligibility for the Organizational Disability Exemption Plan.

The completion of this Application and signature below on behalf of the Organization constitute the Organization's agreement to use E-ZPass NY subject to all applicable terms and conditions. Along with the Terms and Conditions included in this application, the E-ZPass Terms and Conditions will apply. The Organization understands and agrees that by using E-ZPass NY at any non-CRZ facilities, applicable charges will be deducted from its E-ZPass NY account.

On behalf of my Organization, I hereby certify that I understand and accept the Terms and Conditions accompanying this Application and set forth in this form, all of which are part of the Organizational Disability Exemption Plan Agreement and, if accepted into the Organizational Disability Exemption Plan, also become part of the E-ZPass NY Agreement.

By my signature below, I certify that I am authorized by my Organization to apply for the Organizational Disability Exemption Plan.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Mobile: \_\_\_\_\_

Work Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(e-signature accepted)






## SECTION VI – QUALIFIED VEHICLES

Organizations applying for this exemption must only list vehicles used solely for the purpose of transporting persons with disabilities they plan to use for the ODEP. Please list all vehicles to be added to your E-ZPass NY account with ODEP in the table below. Please select the vehicle class from the CBDTP Vehicle Reference Chart below (page 8). This page may be replicated if additional rows are needed. **If any license plate number information changes, please contact the New York Customer Service Center at 1-800-333-TOLL (8655) to update your Organization’s list of vehicles, otherwise your Organization may incur CRZ toll charges.**

	License Plate Number	State/ Province of Registration	Vehicle Class*	Vehicle Type**
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				
Vehicle 5				
Vehicle 6				
Vehicle 7				
Vehicle 8				
Vehicle 9				
Vehicle 10				
Vehicle 11				
Vehicle 12				
Vehicle 13				
Vehicle 14				
Vehicle 15				

### CBDTP VEHICLE REFERENCE CHART

Use this chart to determine the appropriate vehicle class and vehicle type required to be entered above for each vehicle listed.

Vehicle Class*	Vehicle Type**	Description
Class 1	Passenger vehicles <i>(Cars, Vans &amp; Pickups)</i> 	Passenger and other vehicles, including sedans, sport utility vehicles, station wagons, hearses, limousines, pickup trucks with factory beds, pickup trucks with caps below the roofline and not extending over the sides, and vans without an extended roof above the windshield.
Class 2	Single-unit trucks 	Single-unit trucks, including non-articulated trucks, pickup trucks with modified beds, vans with modified body behind the drivers cab, pickup trucks with cabs above the roofline or extending over the sides, and vans with an extended roof above the windshield.
Class 3	Multi-unit trucks 	Multi-unit trucks, including articulated trucks where a power unit is carrying one or more trailers.
Class 4	Buses 	Buses, including vehicles registered with the DMV and plated as a bus, omnibus, or have other designated official plates.
Class 5	Motorcycles 	Motorcycles

**Note:** Vehicle classes that are grayed out above may not be eligible for this exemption plan.



## **CBDTP ORGANIZATIONAL DISABILITY EXEMPTION PLAN:**

### **TERMS AND CONDITIONS**

These Terms and Conditions, along with your Application for the Organizational Disability Exemption Plan, constitute the Organizational Disability Exemption Plan Agreement (“Agreement”). When you submit this Application, you agree to the following Terms and Conditions:

1. To maintain eligibility for the Organizational Disability Exemption Plan, you must maintain a valid E-ZPass NY Account in good standing and resolve any unpaid toll violations you may owe to the Triborough Bridge and Tunnel Authority (TBTA). Instructions for resolving toll violations are available at [e-zpassny.com](http://e-zpassny.com).
2. The Exemption Plan provides exemptions for tolls incurred only in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ), for eligible vehicles that qualify and are registered with TBTA.
3. All E-ZPass NY Account Terms and Conditions and your E-ZPass NY Application, which together constitute your E-ZPass Agreement, fully apply to this Agreement and are incorporated herein by reference. All terms used herein carry the same definitions as those set forth in the E-ZPass NY Account Terms and Conditions for Business Accounts (*visit [E-ZPass® New York - Terms & Conditions - Business Accounts](#)*).
4. You acknowledge that by applying for the Organizational Disability Exemption Plan, you are certifying that each vehicle listed on your E-ZPass NY Account with ODEP will be used only for the purpose of transporting persons with disabilities to the CRZ, as defined in the New York Vehicle and Traffic Law. Each vehicle must be registered in the name of the Organization operating the eligible vehicle used to transport persons with disabilities.
5. Once the plan has been added to your Organization’s E-ZPass NY Account, you will be required to manage the addition and removal of vehicles on your Organization’s Account by contacting the New York Customer Service Center at 1-800-333-TOLL (8655). Your Organization must maintain a separate E-ZPass NY Account for vehicles not eligible for the Organizational Disability Exemption Plan.
6. Your Organization may only use the E-ZPass NY Tag on a vehicle that corresponds to the class classification of Tag provided to you by E-ZPass NY.
7. You acknowledge that your Organization’s Application is subject to review and verification. Additional proof of eligibility for the Organizational Disability Exemption Plan may be requested at any time.
8. We reserve the right to request documentation from your Organization to verify that the trips taken were in accordance with the Organizational Disability Plan Agreement.
9. Failure to comply with these Terms and Conditions or your E-ZPass Agreement may result in the removal of your Organization’s Organizational Disability Exemption Plan, revocation of your Organization’s E-ZPass NY Account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions.
10. Fraud or misuse in connection with the Organizational Disability Exemption Plan is strictly prohibited and may result in the permanent termination and removal of your Organization’s Organizational Disability Exemption Plan, revocation of your Organization’s E-ZPass Account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions. Any person or organization who, in connection with any eligibility process for or use of toll credits, discounts, or exemptions, knowingly makes a false statement or falsifies or permits to be falsified any record or records for the purpose of fraudulently obtaining a credit, discount, or exemption from a toll, may be subject to additional penalties.