

# NASSAU COUNTY BRIDGE AUTHORITY

## APPLICATION FOR COMMERCIAL COMMUTATION DECAL

NAME: \_\_\_\_\_

REGISTRATION ADDRESS: \_\_\_\_\_

REGISTRATION TOWN: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_ BUSINESS or CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

MAKE OF VEHICLE: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE PLATE#: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ NO OF AXLES \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE MAKE A CHECK OUT TO NASSAU COUNTY BRIDGE AUTHORITY FOR THE AMOUNT THAT WILL COVER ONE MONTHS WORTH OF TRIPS. THIS WILL BE DEPOSITED INTO YOUR DECAL ACCOUNT AND TRIP FARES WILL BE DEDUCTED AT THE END OF EACH DAY. PLEASE ADVISE YOUR DRIVERS OF THE FARE DISPLAY WHICH WILL INDICATE A "DECAL OK" WHEN THE ACCOUNT HAS SUFFICIENT FUNDS AVAILABLE AND "LOW BALANCE" WHEN LESS THAN 10 TRIPS REMAIN. IF THE BALANCE SHOWS EXPIRED THE DRIVER WILL HAVE TO PAY THE TOLL IN CASH. YOU WILL ALSO BE NOTIFIED BY E-MAIL WHEN YOUR BALANCE REACHES THIS CONDITION.