



**THE PORT AUTHORITY** OF NY & NJ

Sequential Number

**E-ZPass EXCEPTION FORM**

**To be filled out by Customer**

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

**To be filled out by PA Toll Supervisor**

<b>George Washington Bridge</b>		<b>Staten Island Bridges</b>		<b>Holland Tunnel</b>	<b>Lincoln Tunnel</b>
<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			
<b>TAG #</b>	E-ZPass Tags which <b>Do Not</b> start with 004, 005, 008, 009, 022 or which cannot be seen:				
	<ul style="list-style-type: none"> <li>• Require a copy of the Vehicle Registration <b>AND</b> Driver's License</li> <li>• Copies <b>must</b> be attached to the E-ZPass Exception Form</li> </ul>				
		G#* _____		<b>Very Important</b>	
Toll for Special (Double the Toll Per Axle if tag was NOT read in lane.)		Escort Fee <b>\$40.00</b> (Fill in if fee should be charged)		<b>TOTAL DUE</b>	
\$ _____		\$ _____		\$ _____	
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