

NASSAU COUNTY BRIDGE AUTHORITY

APPLICATION FOR COMMERCIAL COMMUTATION DECAL

NAME: _____

REGISTRATION ADDRESS: _____

REGISTRATION TOWN: _____ STATE _____ ZIP CODE _____

E-MAIL _____ BUISNESS 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 SUFFIECENT 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.