

THE CENTRAL BUSINESS DISTRICT TOLLING PROGRAM INDIVIDUAL DISABILITY EXEMPTION PLAN APPLICATION

Please indicate your application type by placing ✓

New Application

Recertification

Appeal Application

GENERAL INSTRUCTIONS & REQUIREMENTS

1. The Individual Disability Exemption Plan (IDEP) for the Central Business District Tolling Program (CBDTP) in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ), exempts qualifying vehicles from the CRZ toll when transporting persons with disabilities, including vehicles operated by a caregiver.
2. Applicants must provide certain credentials as part of their application (*See Section II for types of credentials*). If you already have the credentials required per Section II, please complete Sections I to V of the IDEP Application.
3. For those who do not have the credentials, applying is a two-step process. You must first establish eligibility at an IDEP Eligibility Assessment Center.
 - Applicants who need to establish IDEP eligibility at an IDEP Eligibility Assessment Center can schedule an appointment by calling the appropriate number based on their preferred location:
 - **Brooklyn, Queens, and Bronx:** Call 1-844-233-3377
 - **Manhattan:** Call 1-888-811-1050
 - Please complete the IDEP Eligibility Assessment Center Application and bring it to your scheduled appointment. After your assessment is processed by the IDEP Eligibility Assessment Center, you will receive their determination. If you disagree with their determination, you may appeal by following the instructions in their determination letter.
 - Applicants who establish IDEP eligibility at an IDEP Eligibility Assessment Center are then required to complete and submit the IDEP Application (*Sections I to V*) as part of their application process.
4. Caregivers or representatives of persons with disabilities submitting an application on their behalf must indicate the relationship of the caregiver or representative to the applicant.
5. Persons with disabilities or their caregivers are required to have an E-ZPass NY account to be eligible for IDEP. Each applicant can register only one vehicle — either their own vehicle or their caregiver’s vehicle. Applicants will be required to provide a copy of the vehicle registration for the vehicle they are designating to be used for IDEP. The vehicle must be registered to the applicant or applicant’s caregiver. If the vehicle is already listed on an existing E-ZPass NY account with other vehicles, the applicant must establish a new E-ZPass NY account for the vehicle selected for IDEP.
6. The IDEP applications can be completed online, visit <https://idep.mta.info>. Applications can also be printed and mailed to the E-ZPass NY Customer Service Center (*See General Instructions & Requirements 8*).
7. 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. Applicants who applied for IDEP online can log into their account and resubmit their application along with their supporting credentials. Applicants may also 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 & Requirements 8*).
8. Mail Applications or Appeals to: Customer Account Correspondence
 Attention IDEP Application Processing
 PO Box 15188
 Albany, NY 12212-5103

NOTE: Please take care to print the correct mailing address legibly, as the Triborough Bridge and Tunnel Authority (TBTA) is not responsible for any delays in processing caused by misdirected mail.
9. Annual recertification is required for the E-ZPass NY account with IDEP based on the date the plan was added. You will be notified when your E-ZPass NY account with IDEP approaches the expiration date.
10. More information is available on the E-ZPass NY website (e-zpassny.com); if you have questions, please call the NYCSC at 1-800-333-TOLL (8655).

SECTION I - General Information

A. Name of Applicant (*provide full legal name*):

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Mobile: _____

Email: _____

B. Please indicate whether this application is being submitted by the applicant or by the applicant's caregiver/representative:

_____ Applicant _____ Caregiver/Representative

C. For the vehicle you are designating to be used for IDEP, please indicate who the registered vehicle owner is:

_____ Applicant _____ Caregiver/Representative

D. If caregiver/representative was selected in B and/or C above, please state their full name and relationship to the applicant:

Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Mobile: _____

Email: _____

SECTION II – PROOF OF ELIGIBILITY

Applicants MUST submit at least one of the proofs of eligibility below: choose by placing ✓ and provide the specific document requested.

Do not submit this application without the required proof of eligibility, or your application may be rejected.

Caregivers or representatives submitting this application on behalf of the applicant must provide proof of the applicant's eligibility.

- COPY OF YOUR METROPOLITAN TRANSPORTATION AUTHORITY (MTA) NEW YORK CITY TRANSIT (NYCT) ACCESS-A-RIDE (AAR) ID CARD.**

NYCT AAR ID Number: _____

NYCT AAR Expiration Date: _____

[Upload/Attach Documents].

- PROVIDE YOUR NEW YORK CITY PARKING PERMIT FOR PEOPLE WITH DISABILITIES (NYC PPPD) INFORMATION*:**

NYC PPPD ID Number: _____

NYC PPPD ID Expiration Date: _____

**Only permits that were issued on or before 03/01/2024 are being accepted as proof of eligibility. If your permit was issued after 03/01/2024, you must instead establish eligibility by making an appointment for evaluation at an IDEP Eligibility Assessment Center. By submitting this application, you consent to the use of your NYC PPPD information in connection with the evaluation of eligibility for IDEP.*

- COPY OF THE ASSESSMENT CERTIFICATION YOU RECEIVED AT YOUR ASSESSMENT CENTER APPOINTMENT.***

IDEP Client ID Number: _____

IDEP Assessment Date: _____

**Your Assessment Certification only shows that you attended your assessment center appointment and will become part of your application for IDEP eligibility. The assessment certification does not indicate eligibility for IDEP.*

[Upload/Attach Documents].

SECTION III – VEHICLE INFORMATION

Only one vehicle can be registered to an E-ZPass NY account with IDEP, and that vehicle must be registered to the applicant, or the caregiver/representative named in Section I-D above.

1. Provide the designated vehicle plate information (license plate number and state):

| | |
|------------------------------------|---------------------|
| | |
| <i>Vehicle Plate Number</i> | <i>State</i> |

2. Please submit a copy of the vehicle registration for the above vehicle with this application.
[Upload/Attach Documents].

SECTION IV – E-ZPASS ACCOUNT NUMBER

To be eligible for IDEP, the applicant or caregiver/representative must have an active E-ZPass NY account. Do not submit this application without providing an active E-ZPass NY account number, or your application will be rejected (See General Instructions & Requirements 5).

If the applicant or caregiver/representative already has an E-ZPass NY account but has more than one vehicle on that account or does not have an E-ZPass NY account, the applicant or caregiver/representative needs to establish a new E-ZPass NY account for the vehicle designated for IDEP.

To establish an E-ZPass NY account, we recommend applying online or you can mail in an E-ZPass NY application. For more information on how to apply for an E-ZPass NY account, visit www.e-zpassny.com

Please provide your E-ZPass NY Account Number

E-ZPass NY Account Number:

SECTION V – ATTESTATION

By applying for the Individual Disability Exemption Plan (IDEP), I certify that the vehicle indicated for IDEP will be used for the purpose of transporting persons with disabilities in the Congestion Relief Zone (CRZ). I understand that TBTA reserves the right to reject or terminate IDEP for any participant who has submitted falsified documents or failed to abide by program rules (*see terms and conditions below*), as determined by TBTA in its sole discretion.

If supporting documentation provided as part of this Application is insufficient, I understand that I may be required to provide additional information or documentation to demonstrate eligibility for IDEP.

The completion of this Application and my signature below constitute my 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. I understand and agree that if I selected a funded E-ZPass NY account with IDEP for use in the CRZ and for account use at non-CRZ facilities, applicable charges may be deducted from my E-ZPass account for its use at non-CRZ facilities.

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 my IDEP application and, if accepted into IDEP, also become part of my E-ZPass NY Agreement.

Signature of Applicant (e-signature accepted)

Date:

If this application has been completed by a caregiver/representative, that person must sign the following:

I am the caregiver/representative whose name and address appear in Section I-D. I hereby certify that the applicant has authorized me to add my vehicle to the E-ZPass NY account with IDEP as the designated vehicle indicated in Section III and/or to complete this application on his/her behalf.

Signature of Caregiver/ Representative (e-signature accepted)

Date:

CBDTP INDIVIDUAL DISABILITY EXEMPTION PLAN: TERMS AND CONDITIONS:

These Terms and Conditions, along with your Application for the Individual Disability Exemption Plan (IDEP) of the Central Business District Tolling Program (“Application”), constitute the IDEP Agreement (“Agreement”). When you submit this Application, you agree to the following Terms and Conditions:

1. To maintain eligibility for the Individual 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.
2. The Individual Disability Exemption Plan provides exemptions only for tolls incurred in the Central Business District (CBD), popularly named the Congestion Relief Zone (CRZ).
3. All E-ZPass NY Account Terms and Conditions and your E-ZPass NY Application, which together constitute your E-ZPass Agreement, apply to this Agreement and are fully 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 Individual Accounts (*visit [7](http://E-ZPass® New York - Terms & Conditions - Individual Accounts (e-zpassny.com)</i>).4. You acknowledge that by applying for the Individual Disability Exemption Plan, you are certifying that the vehicle listed on your E-ZPass NY account for IDEP that is designated in this application will be used in the CRZ for the purpose of transporting persons with disabilities.5. Once the plan has been added to your E-ZPass NY account, you will be required to manage any change of the vehicle designated on your IDEP Application by contacting the New York Customer Service Center at 1-800-333-TOLL (8655).6. Eligible vehicle types for this plan include registered passenger vehicles (station wagons, sedans, sport utility vehicles, pickup trucks, and vans) and motorcycles. You may only use the E-ZPass Tag on a vehicle that corresponds to the classification of Tag provided to you by E-ZPass NY.7. You acknowledge that your Application is subject to review and verification. Additional proof of eligibility for the Individual Disability Exemption Plan may be requested at any time.8. Failure to comply with these Terms and Conditions or your E-ZPass Agreement may result in the removal of the Individual Disability Exemption Plan, revocation of your E-ZPass account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions.9. Fraud or misuse in connection with the Individual Disability Exemption Plan is strictly prohibited and may result in the permanent termination and removal of your Individual Disability Exemption Plan, revocation of your E-ZPass account(s), and/or penalties for violations as outlined in the E-ZPass Account Terms and Conditions. Any person 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.</div><div data-bbox=)*