

APPLICATION/PERMIT TO EXCEED POSTED WEIGHT OR SIZE LIMIT

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

PERMIT NO. _____



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

Application is hereby made by	NAME OF APPLICANT/OWNER _____	PHONE _____
Address of Applicant/Owner	STREET _____	CITY _____ STATE _____ ZIP CODE _____

This application is to exceed a posted (*check one or both, as applicable*) Weight Limit Size Restriction

on a (check one only) highway bridge; in _____ County, PA.

The posted restriction is _____
(include units such as tons, feet, inches, etc.)

and is located at or between _____ on State Route # _____
(also indicate on an attached map)

This application is for _____ of trip(s). Move begins _____ Move ends _____ Fee _____
(number) (date) (date)

GROSS WEIGHT	_____ (Lbs.)	TYPE	_____
REGISTERED GROSS WEIGHT	_____ (Lbs.)	LOAD	_____ <small>Load Description</small>
TOTAL LENGTH	_____(Feet)_____(Inches)	EQUIP./AXLES	_____ <small>Equipment Description/Number of Axles per Vehicle</small>
TOTAL WIDTH	_____(Feet)_____(Inches)	TRUCK LICENSE/ST.	_____ <small>License Number State of Registration</small>
TOTAL HEIGHT	_____(Feet)_____(Inches)	TRAILER LICENSE/ST.	_____ <small>License Number State of Registration</small>

THIS SECTION TO BE COMPLETED FOR BRIDGES ONLY

Axle Number (front to back)	Axle Weight Due to Vehicle Only (pounds)	Total Axle Weight Due to Vehicle and Load (pounds)	Manufacturer's Rated Axle Capacity	Distance From Previous Axle	Width of Axle (center to center wheel or group)	Number of Tires	Pneumatic Tire Width	Vehicle Registration Number or VIN Number
1				XXXX				
2								
3								
4								
5								
6								
7								
Totals								

All load-bearing wheels in a straight transverse line constitute an axle.

INSURANCE CO. NAME _____	POLICY NO.(S) _____
EFFECTIVE PERIOD(S) _____	PUBLIC LIABILITY \$ _____
	PROPERTY DAMAGE \$ _____

I, the undersigned, hereby certify that the data submitted is correct to the best of my knowledge and belief.

Signature & Title **X** _____ DATE _____

INSTRUCTIONS

Complete all above sections of this form and submit with a check or money order made payable to the Pennsylvania Department of Transportation, in the amount determined by the Department. Submit a separate application for each posted highway section (including bridges thereon), for each separately posted bridge and for each vehicle or combination. Justification for the permit should also be provided. Upon review of this application, the Department may approve the request by issuing the permit below.

Applicant – Do Not Write Below This Line

PERMIT TO EXCEED POSTED WEIGHT OR SIZE LIMIT

The above application is approved subject to Section 4902 of the "Vehicle Code", and all appropriate Department Regulations (in particular, 67 Pa. Code- Chapters 189, 191 or 193) and subject to any special conditions or restrictions set forth herein or attached hereto. This permit does not authorize the permitted vehicle to exceed any maximum size or weight limit. This application/permit shall be carried in the permitted vehicle while traveling upon the highway or bridge specified above (except Type 2 permits which authorize use of a particular posted highway or portion thereof by any number of over-posted-weight vehicles being driven to or from a common destination.)

Permit Issuance Date: _____ By District Executive: _____

Permit Expiration Date: _____ For: _____