

**STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION
SPECIAL HAULING PRE-APPROVAL
APPLICATION FORM FOR A FUTURE PERMIT**

THIS FORM MAY BE USED AS AN APPLICATION FOR PRE-APPROVAL TO TRANSPORT A SUPERLOAD OVER HIGHWAYS UNDER THE CONTROL OF THE COMMISSIONER OF TRANSPORTATION. **THIS IS NOT A PERMIT.** IF APPROVED, THIS APPLICATION WILL BE VALID FOR THIRTY DAYS FROM DATE OF APPROVAL AND SHOULD BE ATTACHED TO THE PERMIT APPLICATION WHEN APPLYING FOR THE ACTUAL PERMIT. AT TIME OF APPLICATION FOR THE PERMIT IF THERE ARE NO CHANGES TO THE HIGHWAY INFRASTRUCTURE ON THE PRE-APPROVED ROUTES, THE PERMIT WILL AUTOMATICALLY BE ISSUED. ALL DATE ON THE PERMIT APPLICATION MUST BE IDENTICAL TO THE PRE-APPROVAL.

PERMIT ACCOUNT NO.:	APPLICATION DATE:	OVERALL	FEET	INCHES	OVERHANG						
APPLICATION NO.:	PERMIT TYPE: 19	LENGTH				FEET	INCHES				
LOAD DESCRIPTION: (Make, Model, Serial No. or Bill of Lading No.)		WIDTH			FRONT						
		HEIGHT			REAR						
MOTOR CARRIER'S NAME AND ADDRESS	VEHICLE	ST/JUR	REGISTRATION NO.			NO. OF AXLES					
	POWER UNIT										
	TRAILER										
	GROSS WEIGHT:				COMBINED GVW RATING:						
	REGISTERED WEIGHT:										
AXLE NO.	1	2	3	4	5	6	7	8	9	10	11
AXLE WTS.											
MAN. TIRE RATINGS											
AXLE SPACING	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 7	7 - 8	8 - 9	9 - 10	10 - 11	
FEET (') / INCHES (")											
SPECIFIC ADDRESS OF TRIP ORIGIN:						SPECIFIC ADDRESS OF TRIP DESTINATION:					
ROUTING:											

FOR OFFICIAL USE ONLY

DATE AND TIME REC'D:	APPLICATION PREVIOUSLY REJECTED AS RESULT OF ERROR BY THE: TRANSMISSION CO. <input type="checkbox"/> STATE <input type="checkbox"/>
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STATE FEE: 40.00

<p align="center">STRUCTURAL REVIEW RESULTS</p> <p>NO BRIDGE RESTRICTIONS <input type="checkbox"/></p> <p>"R" BRIDGES AT <5 MPH <input type="checkbox"/></p> <p>NO "R" BRIDGES <input type="checkbox"/></p> <p>H 20 OK <input type="checkbox"/></p> <p>H 20 <5 MPH <input type="checkbox"/></p> <p>CROSS ALL H 20 BRIDGES DOWN C.L. <input type="checkbox"/> (POLICE ESCORT REQUIRED)</p> <p>INTERSTATE BRIDGES <5 MPH <input type="checkbox"/></p> <p>CROSS ALL INTERSTATE BRIDGES DOWN C.L. ... <input type="checkbox"/> (POLICE ESCORT REQUIRED)</p> <p>NO BRIDGE CROSSING ALLOWED <input type="checkbox"/></p> <p>APPROVED BY: _____</p>	<p align="center">PERMIT REQUIREMENTS</p> <p>In addition to the General Restrictions of a permit, the Structural Review Results checked and the following Special Requirements indicated by X will be necessary if this vehicle is approved to travel on the State Highway System.</p> <p>CERTIFIED ESCORT TO PRECEDE ON 2 LANE HIGHWAYS <input type="checkbox"/></p> <p>LEAD ESCORT VEHICLE TO HAVE PROPER HEIGHT POLE ATTACHED <input type="checkbox"/></p> <p>CERTIFIED ESCORT TO FOLLOW ON HIGHWAYS OF MORE THAN 2 LANES <input type="checkbox"/></p> <p>THIRD CERTIFIED ESCORT REQUIRED: FRONT/REAR <input type="checkbox"/></p> <p>POLICE ESCORT REQUIRED, CONTACT POLICE 48 HOURS PRIOR TO MOVE <input type="checkbox"/></p> <p>NO TRAVEL IN NEW YORK STATE 7-9 am and 4-6 pm <input type="checkbox"/></p> <p>BOND REQUIRED IN THE AMOUNT OF \$ <input type="checkbox"/></p> <p>SEE ATTACHED - PAGE ____ OF ____ <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <div style="border: 1px solid black; width: 150px; height: 80px; margin: 10px auto; text-align: center;"> <p>VALIDATION</p> </div> <p>APPROVAL NO.: _____</p> <p>INITIALS: _____</p> <p>DATE APPROVED: _____</p>
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