

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

THIS FORM MAY BE USED AS AN APPLICATION FOR PRE-APPROVAL TO TRANSPORT A CRANE OVER HIGHWAYS UNDER THE CONTROL OF THE COMMISSIONER OF TRANSPORTATION. **THIS IS NOT A PERMIT.** IF APPROVED, THIS APPLICATION SHOULD BE ATTACHED TO THE PERMIT APPLICATION WHEN APPLYING FOR THE ACTUAL PERMIT. ALL DATA ON THE PERMIT APPLICATION MUST BE IDENTICAL TO THE PRE-APPROVAL.

PERMIT ACCOUNT NO.	APPLICATION NO.	OVERALL	FEET	INCHES	BOOM OVERHANG				
CRANE DESCRIPTION: (Year, Make & Model)		LENGTH				FEET	INCHES		
		WIDTH			FRONT				
		HEIGHT			REAR				
MOTOR CARRIER'S NAME AND ADDRESS				VEHICLE MAXIMUM SPEED:					
				VEHICLE'S NORMAL RUNNING SPEED:					
				CONTACT NAME:					
				CONTACT PHONE NO.:					
				PERMIT TYPE: 20		PERMIT FEE: NO CHARGE			
AXLE NO.	1	2	3	4	5	6	7	8	GROSS WT.
AXLE WTS.									
MAN. TIRE RATINGS									
AXLE SPACING	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 7	7 - 8		
FEET (') / INCHES (")									

FOR OFFICIAL USE ONLY

<p style="text-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 <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>TRIP OK <input type="checkbox"/></p> <p>TRIP OK WITH ROUTE REVIEW EACH MOVE <input type="checkbox"/></p> <p>ANNUAL OK <input type="checkbox"/></p> <p>PERCENT OVERSTRESS: _____</p> <p>APPROVED BY: _____</p>	<p style="text-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 VEHICLE TO PRECEDE <input type="checkbox"/></p> <p>CERTIFIED ESCORT VEHICLE TO FOLLOW <input type="checkbox"/></p> <p>NO TRAVEL BUSINESS DISTRICTS 7-9am & 4-9pm <input type="checkbox"/></p> <p>NO TRAVEL NEW YORK STATE 7-9am & 4-6pm <input type="checkbox"/></p> <div style="text-align: center; border: 1px solid black; width: 150px; height: 100px; margin: 20px auto;"> <p style="text-align: center; margin: 0;">VALIDATION</p> </div> <p>APPROVAL NO.: _____</p> <p>INITIALS: _____</p> <p>DATE APPROVED: _____</p>
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INSTRUCTIONS – PERMIT TYPE 20

GENERAL:

This form may be used as an application to determine the permitability to transport a crane for highways under the control of the Commissioner of Transportation. **THIS IS NOT A PERMIT.** If the crane is approved, the application should be attached to the permit application when applying for the actual permit. This approval will show the major restrictions necessary to move this crane.

*Please direct any inquiries or correspondence to: NYS Department of Transportation, 1220 Washington Ave, Bldg 5, Rm 311, Albany NY 12232; Phone Number: 1-888-783-1685.

APPLICANT:

Permit Account No.: This number will be assigned by DOT upon issuance of first permit. If this number has been established by prior permit, it must be supplied on application.

APPLICATION NO.:

This number is for Transmission Service Companies Only.

CRANE DESCRIPTION:

List the year, make and model of the crane.

MOTOR CARRIERS NAME AND ADDRESS: The individual/company the permit will be issued. If a PERM 17 is on file, the name must be the same as permit. The address (including ZIP) of the name stated on the application must be shown.

VEHICLE LOAD AND DIMENSIONS:

List the overall Length, Width and Height of the vehicle.

BOOM OVERHANG:

List the Overhang, both front and rear. (Overhang is that portion of any protrusion passed the main body of the vehicle)

VEHICLE MAXIMUM SPEED:

This is the maximum speed of the vehicle.

VEHICLE'S NORMAL RUNNING SPEED:

This is the speed at which the vehicle can maintain over an extended period of time under normal operation.

CONTACT NAME:

The person who we should contact if there are any questions concerning the crane or application.

CONTACT PHONE NO.:

The phone number and extension of the contact person.

AXLE WEIGHTS:

The individual gross axle weight of back axle of the crane.

MAN. TIRE RATINGS:

The total tire rating for all tires which are on the individual axle. Tire ratings are shown on the side of the tire.

AXLE SPACING:

The distance in feet and inches between the centers of the two axles, starting with the distance between the first and second axle.

GROSS WEIGHT:

The total gross weight of the vehicle that is being moved. Gross weight should add up to the total of all axle weights.

THE REMAINDER OF THE FORM IS FOR OFFICIAL USE ONLY.