PERM 39-1VC
(07/07)

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION
SPECIAL HAULING
VEHICLE CONFIGURATION ATTACHMENT SHEET

Central Permit Office
50 Wolf Road, 1st Floor
Albany, New York 12232

CUSTOMER NUMBER:_____ PAGE _____OF _____

Requested information with (*) needs to be filled in for Type 1S Superloads and Type 5 Building moves only

VEHICLE COMBINATION DATA

	State / Province of Registration	Plate Number	*Gross Vehicle Weight Rating (Pounds)	*Gross Combined Weight Rating (Pounds)
TRACTOR				
TRAILER				

NYS VALIDATION STAMP

PERMIT NUMBER

Axle Number	AXLE WEIGHT (Pounds)	* Gross Axle Weight Rating (Pounds)	Sum of Manf. Tire Ratings (Pounds)	*Number of Tires On axle	*Sum of Tire Widths (Inches)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Axle Spacings

	Feet	Inches
1 - 2		
2 - 3		
3 - 4		
4 - 5		
5 - 6		
6 - 7		
7 - 8		
8 - 9		
9 - 10		
10 - 11		
11 - 12		
12 - 13		
13 - 14		
14 - 15		
15 - 16		
16 - 17		
17 - 18		
18 - 19		
19 - 20		
20 - 21		
21 - 22		
22 - 23		
23 - 24		