



SPECIAL HAULING PERMIT SURVEY FOR OVER DIMENSIONAL VEHICLES

The routes shown below are for the movement of a:

(Load Description)

Overall Vehicle Dimensions (in feet and inches)			Gross Vehicle Weight
Height ' "	Length ' "	Width ' "	Pounds
From (Origin)		To (Destination)	
Date of Travel		License Plate No. & State	

ROUTE SUMMARY

Date route physically surveyed: _____

And certified by: _____
 (Company performing survey)

For: _____
 (Permittee Name)

That there is safe and sufficient clearance to all overhead obstacles, that the gross vehicle weight as stated above does not exceed highway and/or structural weight postings on any routes, and that the survey has been performed no earlier than one (1) week prior to move. Highways other than those under the jurisdiction of the New York State Thruway Authority may be shown for routing continuity, but appearance of routes other than those under the jurisdiction of the New York State Thruway Authority does not constitute permission or authorization for their use.

Routes: (Attach additional sheets if necessary.)

Name: _____
 (Print or type name of individual signing survey)

Telephone Number of Person Signing Form: () - Authorized Signature: _____

Submission of or operation on a route survey found not to be legitimate by any Law Enforcement Officer or Thruway Authority Employee or a survey not actually performed on the date shown above, will result in revocation of the existing special hauling permit and may result in non-issuance of future special hauling permits.