NEW YORK STATE THRUWAY AUTHORITY Department of Operations Office of Transportation Management P.O. Box 189 Albany, NY 12201-0189

Albany, NY 12201-0189 Special Hauling: (518) 436-2793



SPECIAL HAULING PERMIT SURVEY FOR OVER DIMENSIONAL VEHICLES

-			(Load De	scription)			
Overall Vehicle Dimen	sions (in feet a	nd inches)			Gross	Vehicle Weight	
leight	Len	gth	Wid	Width			
1	"	1	n l	1	п	Pounds	
From (Origin)			<u>'</u>	To (Destination)	<u>'</u>		
Date of Travel				License Plate No. & State			
			ROUTE S	UMMARY			
Date route physically	surveyed:						
And certified by:		(Company pe	rforming survey)				
For:		(,					
	(P	ermittee Name)					
highway and/or struct move. Highways oth	tural weight po er than those u utes other thar	stings on any ro under the jurisdic	utes, and that th tion of the New Y	e survey has been York State Thruwa	n performed no ear y Authority may b	red above does not exceed rlier than one (1) week prior to be shown for routing continuity, by does not constitute permission	
Routes: (Attach addi	tional sheets if	necessary.)					
Name:							
(Print	or type name	of individual sign	ing survey)				
Telephone Number of Person Signing Form:	()		Authorized Signa	ture:			
Submission of or ope or a survey not actua in non-issuance of fu	ally performed of	on the date show	not to be legitima n above, will res	ate by any Law En ult in revocation o	forcement Officer f the existing spec	or Thruway Authority Employee cial hauling permit and may result	