## **OVERWEIGHT BULK MILK HAULERS PERMIT**

FORM MUST HAVE ORIGINAL SIGNATURE

## **Applicant Instructions:**

- 1. Type or print in ink.
- 2. Include copy of NYS Department of Transportation (DOT) ANNUAL BULK MILK PERMIT. NYS DOT Divisible Load Permit is not acceptable. The maximum allowable weight on the Thruway is 100,000 pounds.
- A one hundred dollar (\$100.00) twelve-month fee can either be paid by check or charged to your Thruway Commercial Charge Account.
  A separate permit is required for each motorized unit.
- 5. An overweight trailer cannot be operated in a tandem combination.

**NOTE:** A \$25.00 fee will be charged for each amended application.

NEW YORK

STATE OF OPPORTUNITY.

| Section I                                      | ection I Applicant Information   |                    |      |              |   |  |                        |      |        |  |
|--|----------------------------------|--------------------|------|--------------|---|--|------------------------|------|--------|--|
| Name of Appl                                   | icant (Corporation or Business   | 3)                 |      |              |   |  |                        |      |        |  |
| Street Address/P.O. Box No.                    |                                  |                    |      |              |   | State  | zip Code               |      |        |  |
|  |                                  |                    |      |              |   |  |                        | -    |        |  |
| Email Address                                  |                                  |                    |      | Phone        | No.   | Federal ID   | Federal ID No.         |      |        |  |
|  |                                  |                    |      | (            | ) -   |  |                        |      |        |  |
| Section II                                     | I Motorized Unit                 |                    |      |              |   |  |                        |      |        |  |
| Year   | Make                             |                    |      |              |   | License Plate No.  |                        |      | State  |  |
|  | AXLE W                           | AXLE SPACING       |      |              |   |  |                        |      |        |  |
| Axle   | Number of Wheels<br>on Each Axle | Pounds             |      |              | Axle<br>Combination   | Feet   | Spacing<br>Feet   Inch |      | Inches |  |
| 1  |                                  |                    |      |              | 1 - 2   |  |                        |      |        |  |
| 2  |                                  |                    |      |              | 2 - 3   |  |                        |      |        |  |
| 3  |                                  |                    |      |              | 3 - 4   |  |                        |      |        |  |
| 4  |                                  |                    |      |              | 4 - 5   |  |                        |      |        |  |
| 5  |                                  |                    |      |              | Total   |  |                        |      |        |  |
| Total Gross Vehicle Weight                     |                                  |                    |      |              | NOTE: Height, length and width must be of legal dimensions. |  |                        |      |        |  |
| Twelve-Month                                   |                                  |                    | 4    | - <b>T</b> L |   | an an the second se |                        |      |        |  |
| Section II                                     | Payment Encl                     |                    | ge t | o inru       | way Commercial Ac   | COUNT NO.  |                        |      |        |  |
| Section II                                     | Certification                    |                    |      |              |   |  |                        |      |        |  |
|  |                                  |                    |      |              |   |  |                        |      |        |  |
| Authorized Representative Name (print or type) |                                  |                    |      |              | Title   |  |                        |      |        |  |
|  |                                  |                    |      |              |   |  |                        |      |        |  |
| Authorized Representative Signature            |                                  |                    |      |              | Date  |  |                        |      |        |  |
| Section IV                                     | Thruway Authority                | -                  |      |              |   |  |                        |      |        |  |
| DOT Permit N                                   | Thruway Permit                   | Thruway Permit No. |      |              |   | Permit E   | xpiration              | Date |        |  |
|  |                                  | BM-                |      |              |   |  |                        |      |        |  |
|  |                                  | NEW YORK ST        | ATE  |              | ED:<br>WAY AUTHORITY<br>Ice and Operations                  |  |                        |      |        |  |
| Director of Traffic Management or Designee     |                                  |                    |      |              | Date  |  |                        |      |        |  |
|  |                                  |                    |      |              |   |  |                        |      |        |  |