



Permitting & Approvals Application Form

Multi-trip Overweight Permit Request Mobile Crane

Last Modified: Feb 26, 2024

Multi-trip Overweight Permit Request for Carrier Style Mobile Cranes

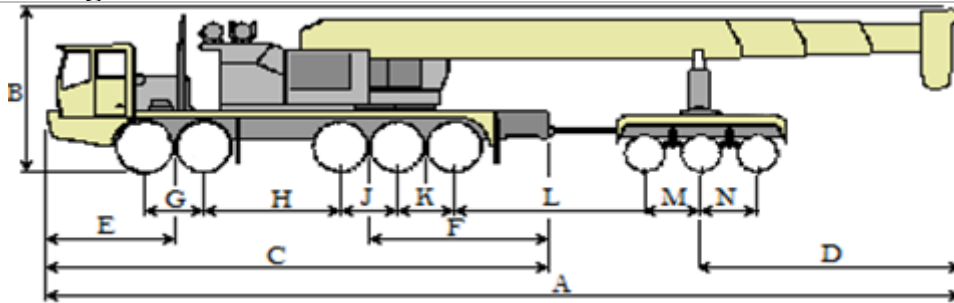
Part 1, Application

Name of Organization:		MVID:
Contact Name:	Phone Number:	
Contact Email:		

Part 2, Vehicle Information

Unit Number:	Plate Number: <i>(include jurisdiction)</i>
Make:	Model:
Serial Number:	Registered GVW:

Part 3, Configuration & Dimensions *Please use checkboxes to indicate number of axles on vehicle*



Dimensions:	Inter-axle Spacings:
A - Overall length	G -
B - Overall height	H -
Overall width	J -
C - Length of carrier	K -
D - Effective rear overhang with Dolly	L -
E - Effective Front Overhang	M -
F - Effective Rear Overhang of Carrier	N -

Part 4, Seasonal Weight Request						
Axle	Tire Size	Spring	Post-Thaw	Summer	Fall	Winter
1						
2						
3						
4						
5						
6						
7						
8						

Internal office use only:	Verified and complies with mobile crane specifications? <input type="checkbox"/>
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Part 5, Certification & Payment	
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I certify that information provided in this application is true and correct.

Print Name Signature

Date

Payment Method:

On Account

Credit Card - Email payment link

If paying by credit card, provide email address and a payment link will be sent.

Email: