

Request for Approval of Oversize/ Overweight Movement - Superloads

*Approval Form Only. Applicant MUST
submit Application (DOT Form 560-021) for permit*

All Sections Must Be Completed

Company Name		DOT #		Contact Person	
Street Address			Phone (with Area Code)		Fax (with Area Code)
City	State	Zip Code	E-mail Address		

Detailed Description of Non-Reducible Load or Vehicle					
Proposed Dates of Movement		Origin		Destination	
Total Miles		Number of Loads		Estimated Level Surface Speed	

Complete Proposed Routes of Travel. *(Included beginning and ending mileposts for each highway).*

Highways	Beginning MP	Ending MP	Highways	Beginning MP	Ending MP

Overweight: List weights per axle group					
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Stinger Steered/Steerable Trailer		Manned Steer Trailer		GVW	Report Number
Width	Height	Trailer (Load Length)	Front Overhang	Rear Overhang	Number of Axles
Signature of Person Requesting Approval				Date	

FOR OFFICE USE ONLY

Date Received and Initials	HQ Approval No.
Special Conditions/Requirements	