

## FLH BRIDGE OVERSIZED/OVERWEIGHT PERMIT LOAD REQUEST

APPLICATION DATE:

APPLICANTS NAME:

COMPANY NAME:

USDOT#:

PHONE NUMBER:

EMAIL ADDRESS:

DESCRIPTION OF LOAD:

DESCRIPTION OF ROUTE:

DATE OF MOVEMENT:

PERMIT VEHICLE CONFIGURATION

WIDTH:

HEIGHT:

LENGTH:

GROSS WEIGHT:

(COMPLETE VEHICLE CONFIGURATION SKETCH ON NEXT PAGE)

APPLICANTS SIGNATURE:

DATE:

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(AGENCY USE ONLY)

REVIEWED BY:

DATE:

APPROVED

DENIED

PERMIT CONDITIONS:

