M-936MDC (6-09)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

APPLICATION - MANUFACTURER/ DESIGNER CERTIFICATION

Click to Print

Application ID#: _____

Manufacturer / Designer Information: (PLEASE PRINT)

Manufacturer/Designer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Check one: ☐ Manufacturer ☐ Designer ☐ Other: (Identify and Justify): _____

_____

Load Description: _____

Weight and Maximum Dimensions of largest Load to be transported by highway:

Load Weight: _____ LBS. Load Length: _____FT. _____ IN.

Load Width: _____FT. _____ IN. Load Height: _____FT. _____ IN.

Total Number of Loads to be moved to Destination identified below during the next 12 months: _____

Anticipated transport date range for all Loads: FROM: _____ TO: _____

List all parts (weighing more than 500 lbs.) that will be removed from Load during highway movement:

Removable Parts: _____

_____.

Origin *(If same as above, write "SAME"):*

Company Name: _____

Street Address: _____ City: _____ State: _____

Or

Project Site: _____

Phone Number: _____ Fax Number: _____

Destination:

Company Name: _____

Street Address: _____ City: _____ State: _____

Or

Project Site: _____

Phone Number: _____ Fax Number: _____

Certification

The manufacturer/designer certifies that the above Load(s) cannot feasibly be manufactured in smaller sections, because:

_____

_____

Authorized Contact Person Signature: _____ Date: _____

FALSE INFORMATION GIVEN ON THE PERMIT APPLICATION SHALL AUTOMATICALLY INVALIDATE THE PERMIT.