

AUTHORIZATION TO EXCEED POSTED HIGHWAY WEIGHT RESTRICTIONS

PERMIT NO. _____

Application is hereby made by	NAME OF USER ▶ _____	PHONE _____	
Address of User	STREET ▶ _____	CITY _____	STATE _____
			ZIP CODE _____

This is a Type _____ permit to exceed a _____ gross ton posted weight restriction on the portion(s) of State Highway(s) indicated below.

COUNTY	STATE ROUTE	FROM SEGMENT/OFFSET	TO SEGMENT/OFFSET

MOVE BEGINS _____ (DATE) MOVE ENDS _____ (DATE) FEE _____

TRUCK LICENSE/ST.	LICENSE NUMBER	STATE OF REGISTRATION
TRAILER LICENSE/ST.	LICENSE NUMBER	STATE OF REGISTRATION

REMARKS:

I, the undersigned hereby certify that the data submitted is correct to the best of my knowledge and belief.

Signature _____ Date: _____ 19 _____
& Title: X _____

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The above permit is approved subject to Section 4902 of the "Vehicle Code," and all appropriate Department regulations (in particular, 67 Pa. Code-Chapter 189) and subject to any special conditions or restrictions set forth herein or attached hereto. This permit does not authorize the permitted vehicle to exceed any legal maximum size or weight limit.

This permit shall be carried in the permitted vehicle while traveling upon the highway specified above and shall be shown upon demand by the enforcing agency (except Type 2 permits which authorize use of a particular posted highway or portion thereof by any number of over-posted-weight vehicles being driven to or from a common destination.)

INSURANCE DATE _____ BY _____
District Engineer

EXPIRATION DATE _____ FOR _____
Secretary of Transportation