

Office Hours: 7:00 a.m. to 4:00 p.m.
(Monday - Friday, except Holidays)

MASSACHUSETTS TURNPIKE AUTHORITY
PERMIT DEPARTMENT
668 SOUTH AVENUE
WESTON, MASSACHUSETTS 02493
Phone # 781-431-5148 - Fax # 781-431-5014

PERMIT No. _____
Fee _____
Paid Amount: _____
Eng'r Permit _____
Effective Date of Movement: _____
Beginning: _____
Expiring: _____

SPECIAL CONDITIONS

APPLICATION FOR
SPECIAL HAULING PERMIT
TO TRANSPORT OVER-SIZE OR OVER-WEIGHT
VEHICLES OVER AUTHORITY OWNED ROADS

Company Name _____ Phone # _____

Address _____ Fax # _____

ROUTE OF TRAVEL FROM: Entry/Interchange No. _____ Exit/Interchange No. _____

Proposed Inclusive Dates of Movement: _____

OBJECT OR LOAD
Owner _____ Address _____

OBJECT TO BE MOVED:
(STATE CAPACITY, SIZE, ATTACHMENTS, ETC.) _____

METHOD OF MOVEMENT:
(STATE WHETHER OBJECT MOUNTED ON, TOWED BY, UNDER OWN POWER, ETC.) _____

Check which and Supply Information	() TRUCK	() Semi-Trailer	OBJECT OR LOAD
	() Truck-Trailer	() Full Trailer	
	TRACTOR INFO	TRAILER INFO	
x MAKE	_____	_____	_____
x MODEL No.	_____	_____	_____
x NO. OF AXLES	_____	_____	_____
TYPE OF BRAKES	_____	_____	_____
x GROSS WT. (lb)	_____	_____	_____
SERIAL NO.	_____	_____	_____
x LICENSE/TAG NO. AND STATE	_____	_____	_____
REG. TONNAGE	_____	_____	_____

Overall Dimenions
Vehicle & Load Load

x Width _____ ft _____ in _____ ft _____ in
x Length _____ ft _____ in _____ ft _____ in
x Height _____ ft _____ in _____ ft _____ in
x TOTAL WT: _____
OverHang:
x Front _____ ft _____ in
x Rear _____ ft _____ in

In Contact with Pavement	Front	axle 1	axle 2	axle 3	axle 4	axle 5	axle 6	axle 7	axle 8	axle 9	axle 10	TOTAL
x GROSS WGT. (LB) EMPTY												
x LOADED												
x NO. OF WHEELS												
x AXLE SPACING (FT. & IN)												

APPLICANT'S CERTIFICATE

SPECIAL HAULING PERMIT

The applicant hereby certifies that: (1) the information contained is true; (2) the load has been reduced to minimum size and/or weight; (3) he/she/it has sufficient insurance in force to protect adequately his/her/its legal and contractually assumed liabilities arising from the permitted use of the Turnpike; and (4) he/she/it will fulfill all the conditions, assume all the liabilities and comply with all the requirements of the Special Provisions Governing the Issuance and applicable to the Use, of Special Hauling Permits on the Massachusetts Turnpike Authority.

Permission is hereby given to the above-named applicant to transport vehicle and/or object described over the Massachusetts Turnpike, subject to the Special Provisions Governing the Issuance, and Applicable to Use, of Special Hauling Permits on the Massachusetts Turnpike Authority.

MASSACHUSETTS TURNPIKE AUTHORITY

Applicant: _____

Approved: _____

Job & Title: _____

Permit Department

Insurance Policy No. _____

Date: _____