

REQUEST FOR TRAVEL WITH OVER DIMENSIONAL/OVER WEIGHT VEHICLES
APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY

Contact Persons Name _____

Company Name _____

Company Address _____

City _____ State _____ Zip code _____

Telephone Number _____ Fax Number _____

Day and Date(s) of Travel _____ Approx. Time of Entry _____

Entering Interchange _____ Exiting Interchange _____

See Interchange List on website: (OTC Interchange Number)

(OTC Interchange Number)

* If exiting the turnpike onto Ohio state routes (during same trip/same direction) and reentering for any reason you must let us know those locations also. (You may also use this space for a return trip of same vehicle and load)

CIRCLE ONE Re-Entry or Return Trip Date: _____ Approx. time of Entry: _____

Entering Interchange: _____ Exiting Interchange: _____

PERMIT NUMBERS CORRESPONDING to OTC ENTRANCE AND EXIT LOCATIONS:

O.D.O.T. Permit No. (OH+9 digits): _____ Rev. #: _____ Valid Dates: _____

PA Turnpike Code (6 digits): _____ Indiana Permit No.: _____

Type of Vehicle (power unit): _____ License Number: _____ State: _____

Description of Load: _____ Truck / Unit Number: _____

If self-propelled (concrete pump, drill rig, etc.), advise speed that can be maintained up steep incline: _____

OVERALL DIMENSIONS (vehicle and load)

Width: _____ Height: _____ Length: _____ including rear overhang of _____

GROSS WEIGHT (vehicle and load): _____

Vehicles over 90,000 lbs. may be asked for CERTIFIED WEIGHT SLIPS.
Vehicles **over 100,000 lbs. are required to fax in** CERTIFIED WEIGHT SLIPS.
(above needed prior to date of travel but not to submit application for approval)

Weight of axle 1> _____ Spacing between axle 1-2> _____

Weight of axle 2> _____ Spacing between axle 2-3> _____

Weight of axle 3> _____ Spacing between axle 3-4> _____

Weight of axle 4> _____ Spacing between axle 4-5> _____

Weight of axle 5> _____ Spacing between axle 5-6> _____

Weight of axle 6> _____ Spacing between axle 6-7> _____

Weight of axle 7> _____ Spacing between axle 7-8> _____

Weight of axle 8> _____ Spacing between axle 8-9> _____

Weight of axle 9> _____ Spacing between axle 9-10> _____

Weight of axle 10> _____ Spacing between axle 10-11> _____

OVER 10 AXLES CONTINUE ON PAGE 2

OVER 10 AXLES CONTINUE FROM PAGE 1

REQUEST FOR TRAVEL WITH OVER DIMENSIONAL/OVER WEIGHT VEHICLES

Contact Persons Name _____

Company Name _____

Weight of axle 11> _____ Spacing between axle 11-12> _____

Weight of axle 12> _____ Spacing between axle 12-13> _____

Weight of axle 13> _____ Spacing between axle 13-14> _____

Weight of axle 14> _____ Spacing between axle 14-15> _____

Weight of axle 15> _____ Spacing between axle 15-16> _____

Weight of axle 16> _____ Spacing between axle 16-17> _____

Weight of axle 17> _____ Spacing between axle 17-18> _____

Weight of axle 18> _____ Spacing between axle 18-19> _____

Weight of axle 19> _____ Spacing between axle 19-20> _____

Weight of axle 20> _____