



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
830 MoDOT DRIVE
JEFFERSON CITY, MO 65102-0270
PHONE: 1-800-877-8499 FAX: 573 751-7408
EMAIL: CONTACTMCS@MODOT.MO.GOV

SUPERLOAD ROUTE SURVEY AND EMERGENCY PLAN FORM

USDOT NUMBER:		APPLICATION NUMBER:	
Permittee Name (print):			
Permittee Address (print Street/PO Box, City, State, Zip):			
Permitted Load:			
Number of Axles:	Load Width:	Load Length:	Load Height:
Gross Weight:	Overall Width:	Overall Length:	Overall Height:
Trip Mileage:		Height Pole Setting (if load exceeds 15'6")	

Insurance Company Name: _____	Policy Number: _____
Policy Expiration Date: _____ Automobile Liability/General Aggregate Coverage Amount: \$ _____	
SUPERLOADS ARE REQUIRED TO HAVE A MINIMUM OF \$2 MILLION OF COVERAGE	

DRIVER EMERGENCY CONTACT NUMBER (keep available in case an incident occurs)

OWNER NAME AND ADDRESS	TITLE	TELEPHONE NUMBER
DRIVER NAME AND ADDRESS	TITLE	CELL PHONE NUMBER

This route survey form is only valid when the route described on page 2 of the form will allow safe travel and sufficient clearance for the dimensions described on page 1 of this form. The route survey shall be completed no more than 14 days prior to the permit start date. All non-state roads and highways must be shown for route continuity, but the requirement to include such roads on the form does not constitute authorization by MoDOT for use of such non-state roads and highways by the Permittee.

FALSE INFORMATION IS PROHIBITED ON THIS ROUTE SURVEY FORM AND SHALL AUTOMATICALLY INVALIDATE THE PERMIT. THIS COMPLETED DOCUMENT MUST BE SUBMITTED BY THE PERMITTEE TO MOTOR CARRIER SERVICES BEFORE A PERMIT SHALL BE ISSUED.

I declare under penalty of perjury that the statements made on this document are true and complete to the best of my knowledge.

Permittee Signature (**Required**)

Date

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USDOT NUMBER:	APPLICATION NUMBER:
Operations Manager:	
Name: _____ Contact #: _____	
Safety Operations:	
Name: _____ Contact #: _____	

<input type="checkbox"/> My overall height exceeds 16' high and I have contacted all utility and cable companies along proposed route.
<input type="checkbox"/> My overall height exceeds 16' high and I have obtained a licensed contractor/bucket truck to travel with load on entire/approved route. Company: _____ Contact #: _____
<input type="checkbox"/> My overall height exceeds 17' high and I have <u>contacted and obtained letters from all proper utility companies to move all overhead structures belonging to appropriate entity.</u> <input type="checkbox"/> UTILITY COMPANY LETTERS ATTACHED IF OVERALL HEIGHT EXCEEDS 17'0".
<input type="checkbox"/> List tow/wrecker/recovery service information: Company: _____ Contact #: _____

(Routing must be complete, including but not limited to, all city streets and/or county roads for the proposed line of travel.) Route verified to the latest restrictions report for limitations that may affect the movement of this vehicle/load - <http://maps.modot.mo.gov/mcm/MotorCarriersMap.html>

MISSOURI START ROUTE:	MISSOURI END ROUTE:
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Detailed proposed routing (include any grade conflicts or clearance issues - attach additional routing page(s) if needed):

[illegible]