

APPLICATION TO WYOMING TO MOVE AN OVERSIZE AND/OR OVERWEIGHT LOAD

This is for **SUPER LOADS ONLY** to be cleared through the Office of Overweight Loads

Submitting this application in **NO** way authorizes the move of any vehicle or load. You **MUST** receive an authorization number from the permit issuing authority before moving the load on any Wyoming State highway.

*** **THIS IS NOT A PERMIT** ***

CARRIER INFORMATION:

USDOT #: _____ WY Docket #: _____

Company Name: _____

CONTACT INFORMATION: (**Only** individuals that have read the cover sheet may submit this request)

Name: _____ Phone #: _____ E-mail: _____

TO MOVE: For locations within WY be specific (i.e. MP 109 on WY-59)

Truck Unit #: _____ License #: _____ State: _____ Trailer License #: _____ State: _____

Description of Load: _____

From: _____ To: _____

Routes: _____

Date & Time of Movement: _____

SIZE INFORMATION: Show all Sizes: Feet-Inches (i.e. 12 feet 6 inches is shown as 12-6)

Overall Length: _____ Single Vehicle Length: _____ Rear Overhang: _____

Width: _____ Height: _____

WEIGHT INFORMATION: Total # of Axles: _____ Approximate Gross Weight: _____

Entered by WYDOT Only. Maximums: 25,000 single, 55,000 tandem, 65,000 triple, 74,000 quad unless noted in COMMENTS

A plus B	B plus C	C plus D	D plus E	E plus F	F plus G	G plus H
H plus I	I plus J	J plus K	K plus L	L plus M	M plus N	

Enter the approx. weight of each axle group. Below each weight, select the number of axles in the group:

A}	B}	C}	D}	E}	F}	G}
O	O					
H}	I}	J}	K}	L}	M}	N}

Spacing between **each** axle: feet-inches (i.e. 4 feet 6 inches is shown as 4-6)

<u>1-2</u>	<u>2-3</u>	<u>3-4</u>	<u>4-5</u>	<u>5-6</u>	<u>6-7</u>	<u>7-8</u>	<u>8-9</u>	<u>9-10</u>	<u>10-11</u>	<u>11-12</u>	<u>12-13</u>	<u>13-14</u>	<u>14-15</u>	<u>15-16</u>	<u>16-17</u>
<u>17-18</u>	<u>18-19</u>	<u>19-20</u>	<u>20-21</u>	<u>21-22</u>	<u>22-23</u>	<u>23-24</u>	<u>24-25</u>	<u>25-26</u>	<u>26-27</u>	<u>27-28</u>	<u>28-29</u>	<u>29-30</u>	<u>30-31</u>	<u>31-32</u>	<u>32-33</u>

COMMENTS/REMARKS/ADDED RESTRICTIONS: Indicate all axles that have a width over 10' in this area

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AUTHORIZATION: The driver **MUST** have this information.

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Authorization is given by:	to proceed to the:
with authorization number:	Valid Through:
Escort Requirements: P & S: Front Rear Interstate: Front Rear	<input type="checkbox"/> Height Pole on front escort
<input type="checkbox"/> No travel during school hours on P & S 0600-0900 hrs & 1430-1630 hrs	
<input type="checkbox"/> Time Sensitive: If the move is delayed anywhere along the route, the carrier must contact 307-777-4376 immediately during office hours.	
BROWL# _____ is assigned for the weights shown above with the following Restrictions on Structures:	
<input type="checkbox"/> 5 MPH, no shifting or braking <input type="checkbox"/> Center line and no other vehicles <input type="checkbox"/> No added Restrictions on structures	
Comments from Bridge Dept: _____	

Authorization will be sent to the location above and a reply to the original e-mail. A citation may be issued if incorrect information is provided. Owl office must be notified if the load is canceled.