

APPLICATION FOR SPECIAL APPROVAL FOR MOVEMENT OF OVERSIZE AND/OR OVERWEIGHT LOADS

INSTRUCTIONS: Please complete this form when approving a request for movement through a MDOT highway construction project and/or restrictions on state trunklines. Requests may be sent to the Transport Permit Office by e-mail at **MDOT-OSOW-RESTRICTIONS** or by fax at (517) 373-4340.

COMPANY NAME APPROVED FOR MOVEMENT	DATE
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PERMIT SERVICE

APPLICATION NUMBER(S) (IF KNOWN)

NUMBER OF MOVES REQUESTED

DATE(S) OF MOVE

CONSTRUCTION BULLETIN NUMBER(S) (IF APPLICABLE)

SPECIAL MOVEMENT: (Required)

I.E. Daylight only, movement until noon, Saturday or Sunday only, 24/7 movement, night movement, escorts, (including Police) utility coordination, route survey, etc.

REQUESTED BY:

- TSC PROJECT ENGINEER TRANSPORT PERMIT MANAGER
 SHIPPER OTHER _____

NAME	TELEPHONE NUMBER
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