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

OVERSIZE OVERWEIGHT LOAD
MISSOURI ROUTE SURVEY FORM

USDOT NUMBER:		**APPLICATION NUMBER:**	
Permittee Name (print):			
Permittee Address (print Street/PO Box, City, State, Zip):			
Load Description:			
Number of Axles:	Load Width:	Load Length:	Load Height:
Gross Weight:	Overall Width:	Overall Length:	Overall Height:
Trip Mileage:	Front Overhang:	Rear Overhang:	Trailer Length:

Height Pole Settings (if loaded height exceeds 15'6"):	Utility Company Letters: ☐ (attach approval if loaded height exceeds 17')

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:

☐ **My overall height exceeds 16' high and I have contacted all utility and cable companies along proposed route.**
☐ **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 #** _____
☐ **My overall height exceeds 17' high and I have contacted and obtained letters from all proper utility companies to move all overhead structures belonging to appropriate entity.**
☐ **I have attached company Emergency Route plan (Required on all Superload moves)**
☐ **I have attached proof of insurance - $2 million Combined Single Limit Automobile Liability**

(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**

DETAILED MISSOURI START ROUTE:	DETAILED MISSOURI END ROUTE:

Potential Staging Location(s):

Potential Grade Conflicts: **Clearance Issues**:

Detailed proposed routing: (Attach additional routing page(s) if needed)

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FAX COMPLETED FORM TO: 573-751-7408