

# Request for Approval of Oversize/ Overweight Movement - Superloads

*Approval Form Only. Applicant MUST  
submit Application (DOT Form 560-021)*

**All Sections Must Be Completed**

Company Name		Contact Person	
Company Address	City	State	Zip
Phone	Fax	E-Mail	

Detailed Description of Non-Reducible Load or Vehicle

Proposed Dates of Movement	Origin	Destination
Total Miles	Number of Loads	Estimated Level Surface Speed

**Complete Proposed Routes of Travel.** (Include beginning and ending mileposts for each highway).

Highways	Beginning MP	Ending MP	Highways	Beginning MP	Ending MP

**Overweight:** List weights per axle group

<input type="checkbox"/> Stinger Steered/Steerable Trailer <input type="checkbox"/> Manned Steer Trailer		GVW	Report Number		
Width	Height	Trailer (Load Length)	Front Overhang	Rear Overhang	Number of Axles
Signature of Person Requesting Approval			Date		

<i>FOR OFFICE USE ONLY</i>	
Date Received and Initials	HQ Approval No.
Special Conditions/Requirements	