



Truck Permit Dept.
668 South Ave. Weston, MA 02493
(857) 368-3690
Massdottruckpermit@dot.state.ma.us

Application for Reducible Annual Permit

Check one of the following:

Renewing permit

Company Transfer on existing permit

New Permit

Date: _____

Name of Owner/Lessee: _____

Business Name: _____ DOT #: _____

Mailing Address:

Street

Apt/Suite

City/Town

State

Zip Code

Phone: _____ Email: _____

Vehicle/Trailer Information

Type: _____
(10-wheeler, triaxle, tractor, trailer type)

Material/Commodity: _____

Make: _____ Model: _____ Year: _____ VIN: _____

Plate #: _____ State: _____ # of Axles: _____

Distance of Extreme Axles: _____ ft. _____ in.
(Centerline of the steer axle to Centerline of rear axle)

Length: _____ ft. _____ in.
(bumper to bumper)

Width: _____ ft. _____ in.
(widest point W/OUT accessories)

Registered Gross Weight: _____
(In Massachusetts on IRP cab card)

Permit Weight Requested: _____

I-90/Mass pike

Check to add I-90/Mass pike to permit. Fee is 25% of the total state roadway permit.

Applicant Certification

False statements are punishable by Fine, Imprisonment, or Both. The Undersigned hereby certify that all information contained in this application is true and correct to the best of their knowledge and belief.

I Hereby further declare under penalties provided by M.G.L. c. 90§19D, that to the best of my knowledge no alterations have been made to this vehicle which would tend to reduce the said gross vehicle weight rating and that the chassis, axles, tires, rims, brakes, steering components, and suspension systems are maintained in good order.

Signature & date: _____

Print Name & Title _____

GVWR Certification

Section **MUST** be completed by the Manufacturer, Certified Dealer or authorized Representative of the Manufacturer

Below Gross Vehicle weight rating **in pounds** as provided by manufacturer or representative at the time of manufacture.

Check one: ☐ Based on then current data sheets ☐ Based on applicable U.S Dept. of Transportation Standards

GVWR: _____ Make: _____ Model: _____ Year: _____ VIN: _____

Manufacturer's _____

Name & Address

Representatives (if any): _____

Name & Address

Signature of Person producing Certification: _____

Print Name: _____ Date: _____ Phone #: _____