

668 SOUTH AVENUE  
WESTON, MA 02493  
TELE: 781-431-5148  
FAX: 781-431-5014

**Application For a Permit To Move  
Reducible Loads in Excess of Legal Limits**



1. MODEL YEAR	2. MAKE	3. MODEL NAME OR NO.	4. TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> SEMI TRAILER	5. VEHICLE I.D NO.
6. OWNER OR LESSEE			7. PRIME USE	8. NO. OF AXLES
10. ADDRESS-NO. & STREET (BUSINESS)			11. ADDRESS-NO. & STREET (RESIDENCE)	
12. CITY/TOWN	STATE	ZIP	13. CITY/TOWN STATE ZIP	
14. INSURER			15. MANUFACTURER OR AGENT	
16. ADDRESS-NO. & STREET			17. ADDRESS-NO. & STREET	
18. CITY/TOWN	STATE	ZIP	19. CITY/TOWN STATE ZIP	
20. REGISTERED GROSS WEIGHT	21. PERMIT WEIGHT SOUGHT		22. OVERALL LENGTH OF VEHICLE	23. OVERALL WIDTH OF VEHICLE
24. DISTANCE CENTERLINE TO CENTERLINE EXTREME AXLES			25. TIME PERMIT IS SOUGHT FOR	26. PREVIOUS PERMIT NUMBER

Would you like to purchase a Mass Turnpike Permit for the I-90 Roadway? The fee for this permit will be 25% of the total cost of the State Roadway Fee on this approved permit. ☐ YES ☐ NO ☐ Fee Amount: \_\_\_\_\_

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.

**Applicant's Certification**

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.

Owner or Lessee Name (Sign) \_\_\_\_\_  
Print or Type Name \_\_\_\_\_  
Title and Date \_\_\_\_\_

**Applicant Do Not Complete Below**

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

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

Manufacturer's name and address \_\_\_\_\_  
Representatives (if any) name and address \_\_\_\_\_  
Person making Certification (sign) \_\_\_\_\_  
Print or Type \_\_\_\_\_

**Applicant Do Not Complete Below • MassDOT Permit Dept. Only**

Gross vehicle weight rating as prescribed by the registrar \_\_\_\_\_ lbs. Date Received \_\_\_\_\_

This permit is/is not issued to the above vehicle for \_\_\_\_\_ lbs. If the permitted vehicle is a semitrailer tractor it may be combined as a semitrailer unit with a permit weight equal to the permitted weights of the two combined vehicles, in no event to exceed \_\_\_\_\_ lbs. gross with a minimum of \_\_\_\_\_ axles.

This permit authorizes travel on any state highway listed in the attached list of designated state highways and on through routes designated by the Department. The attached list and this permit must be carried with the vehicle at all times. This permit does not authorize travel over any bridge, culvert or structure posted for weight less than the weight of said vehicle and load. Permit not valid on Mass. Turnpike (Rte. I-90). - unless otherwise noted.

MassDOT permit no. \_\_\_\_\_ Date Issued/Denied \_\_\_\_\_ Date Expires \_\_\_\_\_  
Administrator: Highway Division of MassDOT \_\_\_\_\_  
Permissible legal weight without permit \_\_\_\_\_ Net permit fee weight \_\_\_\_\_  
Permit fee paid \_\_\_\_\_ Sticker No. \_\_\_\_\_ Fin.Tr. No. \_\_\_\_\_  
MassDOT Personnel \_\_\_\_\_ Clerk \_\_\_\_\_ Date \_\_\_\_\_  
Permit not valid until stamped or signed by Administrator, Highway Division of MassDOT or their designees.

Permit not valid  
unless all axles  
including steering  
axles have brakes  
in good working  
condition.