MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
830 MoDOT DRIVE
JEFFERSON CITY, MO 65102-0270
PHONE: 1-800-877-8499 **FAX**: 573 751-7408
EMAIL: MCSSuperload@MODOT.MO.GOV

SUPERLOAD ROUTE SURVEY AND EMERGENCY PLAN FORM

USDOT NUMBER:	**APPLICATION NUMBER:**	**REQUESTED PERMIT START DATE:**
Permittee Name (Print):		
Permittee Address (Print Street/PO Box, City, State, Zip):		
Permitted Load:		

Number of Axles:	Load Width:	Load Length:	Load Height:
Gross Weight:	Overall Width:	Overall Length:	Overall Height:
Trip Mileage:		Height Pole Setting (if load exceeds 15'6")	

Insurance Company Name: _____ Policy Number: _____

Policy Expiration Date: _____ Automobile Liability/General Aggregate Coverage Amount: $_____

****SUPERLOADS ARE REQUIRED TO HAVE A MINIMUM OF $2 MILLION OF COVERAGE****

EMERGENCY CONTACT INFORMATION (keep available in case of an incident.)

OWNER NAME AND ADDRESS	**TITLE**	**TELEPHONE NUMBER**
DRIVER NAME AND ADDRESS	**TITLE**	**CELL PHONE NUMBER**

This route survey form is valid only 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 non-state roads and highways by the Permittee. **FALSE INFORMATION PROVIDED ON THIS ROUTE SURVEY FORM SHALL INVALIDATE THE PERMIT. THIS COMPLETED DOCUMENT MUST BE SUBMITTED BY THE PERMITTEE TO MoDOT 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**

Attention Veterans!

Effective Aug 28, 2024, RSMO 42.051 requires all state agencies provide these questions on all public comment forms. This effort is to assist veterans with information on benefits and services.

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
2. Would you like to receive information and assistance regarding veterans benefits and services?
3. May MoDOT share your contact information with the Missouri Veterans Commission (MVC) to provide such information? If yes, please scan the QR code to be redirected to MVC for additional information.

SUPERLOAD ROUTE SURVEY AND EMERGENCY PLAN FORM

USDOT NUMBER:	**APPLICATION NUMBER:**
Operations Manager Name: _____ Contact #: _____	
Safety Operations: Name: _____ Contact #: _____	

☐ The overall height of the load exceeds 16' in height and I have contacted all utility and cable companies along proposed route to facilitate movement of overhead structures where necessary.

☐ The overall height of the load exceeds 16' high and a licensed contractor/bucket truck is retained to travel with the load along the entire approved route.
Company: _____ Contact #: _____ Email: _____

☐ The overall height of the load exceeds 17' high. I have contacted and obtained letters from all utility companies along the route to move all overhead structures belonging to each appropriate entity.

☐ I have attached the letters from each utility company along the route to this form.

☐ List tow/wrecker/recovery service information:
Company: _____ Contact #: _____

☐ I have obtained approval to construct temporary right-of-way modifications that are necessary for the transportation of the oversized load. I will comply with all requirements and contingencies expressed within that approval including but not limited to all costs associated with restoring the right-of-way to its pretravel condition.

MoDOT Traffic Specialist: _____ Contact#: _____

Routing must be complete, including, but not limited to, all city streets and/or county roads for the proposed line of travel. Route must be verified to the latest restrictions report for limitations that may affect the movement of the vehicle/load – **OSOW Restriction & Commercial Zone Map**

SURVEY PERFORMED BY:	**DATE SURVEY WAS COMPLETED**	**CONTACT NUMBER**

MISSOURI START ROUTE:	**MISSOURI END ROUTE:**

Detailed proposed routing (include any grade conflicts or clearance issues - attach additional routing page(s) if needed):

ANY OVERHEAD STRUCTURES DISTURBED ☐ **YES** ☐ **NO** **If YES, indicate location(s) below:**

ANY TURN RADIUS CONCERNS ☐ **YES** ☐ **NO** **If YES, indicate location(s) below:**

DETAILED ROUTE (Attach additional routing page(s) if needed)