



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: CONTACTMCS@MODOT.MO.GOV

**SUPERLOAD ROUTE SURVEY AND
 EMERGENCY PLAN FORM**

USDOT NUMBER:		APPLICATION NUMBER:	
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	

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

