



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 830 MoDOT Dr., P.O. BOX 270
 JEFFERSON CITY, MO 65102-0270
 PHONE: (800) 877-8499

Fax to (573) 751-7408 or email to contactmcs@modot.mo.gov

APPLICATION FOR SUPERLOAD

General Information

USDOT #		Contact Person		Contact Phone Number	
Customer Account Number		Payment Type <input type="checkbox"/> Overnight Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express * <input type="checkbox"/> Permit Service <input type="checkbox"/> Escrow Account			
Legal Name of Applicant					
DBA Name		Federal Identification Number		Social Security Number	
Customer Type (check one) <input type="checkbox"/> Sole Proprietorship – you must provide a Federal ID number or SSN above <input type="checkbox"/> Partnership - you must provide a Federal ID number above <input type="checkbox"/> Limited Partnership - you must provide a Federal ID number above <input type="checkbox"/> Corporation - What state? _____ you must provide a Federal ID number above <input type="checkbox"/> Limited Liability Corporation - What state? _____ you must provide a Federal ID number above <input type="checkbox"/> Limited Liability Partnership - you must provide a Federal ID number above			Date Organized/Incorporated		Missouri Registration Number
Physical Address		City		State	Zip Code
Mailing Address		City		State	Zip Code
E-mail Address		Telephone Number		Fax Number	
Send Permit How?	Fax Number	E-mail	Mail	Start Date	

Complete if load exceeds 16' wide, 16' high, 150' overall length or 160,000 lbs. gross weight

Permit Cost

	\$ 15.00 Permit Fee (all permits)	\$ 15.00 Plus \$250.00 Movement Feasibility Study (Overdimension ONLY)
	\$ 20.00 Per each 10,000 lbs. over legal weight (80,000 lbs.)	\$425.00 Structure analysis only (Overweight each study)
Plus	\$425.00 Moves 0 – 50 miles	
	\$625.00 Moves 51 – 200 miles	
	\$925.00 Moves OVER 200 miles	

I _____, am aware of all permit fees and understand our obligation to pay the structure analysis fee even if the move is not made.

For Office use only

Insurance Cab Card Bridge Study Sent Bridge Study Received With Restrictions SAFESTAT District Patrol

APPLICATION FOR SUPERLOAD - CONTINUED

Load Information								
Object to be Transported	Description				Make		Serial Number	
Dimensions	Width		Length		Height		Number of Loads	
	Feet	Inches	Feet	Inches	Feet	Inches		

Vehicle Information						
Power Unit	License Number	State	VIN		Year	Make
Unit Two	License Number	State	VIN	<input type="checkbox"/> Jeep <input type="checkbox"/> Trailer <input type="checkbox"/> Booster <input type="checkbox"/> Pusher	Year	Make
Unit Three	License Number	State	VIN	<input type="checkbox"/> Jeep <input type="checkbox"/> Trailer <input type="checkbox"/> Booster <input type="checkbox"/> Pusher	Year	Make
Unit Four	License Number	State	VIN	<input type="checkbox"/> Jeep <input type="checkbox"/> Trailer <input type="checkbox"/> Booster <input type="checkbox"/> Pusher	Year	Make
Unit Five	License Number	State	VIN	<input type="checkbox"/> Jeep <input type="checkbox"/> Trailer <input type="checkbox"/> Booster <input type="checkbox"/> Pusher	Year	Make
Unit Six	License Number	State	VIN	<input type="checkbox"/> Jeep <input type="checkbox"/> Trailer <input type="checkbox"/> Booster <input type="checkbox"/> Pusher	Year	Make

Overall Dimensions								
Overall Width		Overall Length		Overall Height		Axle Width of Configuration		
Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	

Route Information
Coming From:
Going To:
Route:

APPLICATION FOR SUPERLOAD - CONTINUED

State Actual Weight By Axle	Axle Spacings Distance Center To Center between Axles
1	1 to 2
2	2 to 3
3	3 to 4
4	4 to 5
5	5 to 6
6	6 to 7
7	7 to 8
8	8 to 9
9	9 to 10
10	10 to 11
11	11 to 12
12	12 to 13
13	13 to 14
14	14 to 15
15	15 to 16
16	16 to 17
17	17 to 18
18	18 to 19
19	19 to 20
20	
Total Gross Weight	Total Axles Spacings

Additional Required Information

Average speed that can be safely maintained (maximum speed allowed is 10 mph less than posted speed limit) _____

Approved parking areas where load will be staged if move cannot be made in one attempt (overnight staging, stops for curfew, etc.)

Where will load be staged for Missouri State Highway Patrol to perform a Level 1 inspection? Must be located at or near the point of entry into the state for an interstate move, or in the case of a partial escort or intrastate move, must be at or near the beginning where escort service will begin.

Required Attachments

Emergency plan in the event of a breakdown. **(Required for all moves)**

If loaded height exceeds 17', must attach written documentation for all utility companies indicating approval to disturb aerial lines across the route. Documents shall include contact names and telephone numbers for each utility company.

If loaded height exceeds 17', must attach a list of qualified contractors approved by MoDOT that will be hired to adjust, modify, remove and replace state owned property such as signal and sign mast arms, flashers, signs, etc.

If you will need additional law enforcement assistance for traffic control in addition to the Missouri State Highway Patrol escorts, you must provide a list with contact names and telephone numbers.

Certification

I DECLARE UNDER THE PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the foregoing information in the application is true and correct, that I am authorized to sign this application on behalf of applicant and that the signature below is my own true and correct signature made by me and no other person. If over 120' long, I attest that a representative from our company has physically driven the route to be used while traveling under permit and all turns, curves, etc. can be safely negotiated. I understand that if the Superload does encounter problems negotiating such, my company will be charged a new bridge study and permit fees and may result in the denial of future Superload applications. I also understand that failure to run survey will result in denial of this application.

Name (printed)	Date
Signature	Title

*** Please do not provide your credit card number – you will be contacted.**