COLORADO DEPARTMENT OF TRANSPORTATION

TRANSPORTATION PERMIT APPLICATION

(FOR LONGER VEHICLE COMBINATIONS)

4201 E. Arkansas, Suite 290
Denver, CO 80220

(303) 757-9539 or 1 (800) 350-3765

(303) 757-9719 (fax)

Company Name

Company Address (Street, City, State)

List below: Exit number, Highways Utilized for Ingress and Egress including city streets and exact terminal address applying for.

HWY #	Exit #	Origin to Destination of Highways, Streets, and Roads to be utilized	Terminal Address

TYPE OF COMMODITY HAULED

The Applicant Affirms that:

1. All equipment conforms to the statutory configurations and meets the rule requirements as to standards and performance.
2. All drivers shall be certified in accordance with the rule requirements prior to operating the combinations and the certification shall be on file in Colorado at the applicant's address as it appears upon the application.
3. All permits have been secured from all local governmental entities for the purpose of ingress and egress to the permittee's terminal from the designated section of the Interstate.
4. The 80,000 pounds weight limit and load distribution requirements are known and will be followed.
5. The insurance requirements contained in the rules, $100,000/$300,000 public liability and $100,000 property damage are insured with
   (company's name) _____
   for the policy period of _____to_____
6. No restricted materials as set forth in the rules will be transported as cargo under a Longer Vehicle Combination permit.
7. I have read and understand the Permit Requirements For Longer Vehicle Combinations on Designated Sections of Interstate Highways pursuant to C.R.S. 42-4-404.5 and Rules and Regulations and standards for operation of longer vehicle combinations on selected sections of Interstate Highways in Colorado, and will conform my operations to the requirements contained therein.

I declared under penalty of perjury in the second degree, and any other applicable State or Federal laws, that the statements made on this document are true and complete to the best of my knowledge.

Company Representative Signature	Date