

**Town of Strafford**

VERMONT AGENCY OF TRANSPORTATION  
DEPARTMENT OF MOTOR VEHICLES  
UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT  
**FLEET**

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

<u>Type of Vehicle(s)</u>	<u># of Axles</u>	<u>Product Carried</u>	<u>Max. Weight Requested</u>	<u>Max. Weight Approved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Year &amp; Make</u>	<u>Registration #</u>	<u>Vin #</u>
_____	_____	_____

Approved for the following highways: \_\_\_\_\_

The following restrictions apply (list may be attached): STAY OFF ALL POSTED AND WEIGHT RESTRICTED ROADS AND BRIDGES  
\_\_\_\_\_

This approval shall be effective for no more than a one year period ending March 31, \_\_\_\_\_. This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a (c) and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Duly authorized agent

***Please include \$10 permit fee***

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