# Town of Strafford

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

_____**Fleet** _____**Single Vehicle**

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 #_____

| Type of Vehicle(s) | # of Axles | Product Carried | Max. Weight Requested | Max. Weight Approved |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Year & Make | Registration # | Vin # |
|---|---|---|
| | | |

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 permit fee of: $10 Fleet or $5 Single Vehicle***