

# NEW YORK STATE BRIDGE AUTHORITY

## APPLICATION FOR 2016 ANNUAL OVERWEIGHT PERMIT

Company Name:		Date:
Contact Person:		
Address:		City, State, Zip:
Phone:	Fax:	E-Mail:

**Vehicle Description:**

Year:	Make:	Model:	Color:
Vehicle Identification Number:			
License Plate Number:		State:	
<b>E-ZPass Tag Number (Eleven Digits - Required):</b>			

Axle #	1	2	3	4	5	6	7	8	9
Axle Weights:									
(Thousand Lbs.)									
	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	
Spacings:									
(Feet-Inches)									

I agree to abide by the regulations I received with this permit application:

\_\_\_\_\_  
Authorized Signature

Do you possess a 2015 Annual Overload Permit for this vehicle?      Yes      No      (please circle one)

Return completed application with payment of \$1000.00 to:

**NYS Bridge Authority**  
**Operations Department**  
**PO BOX 1010**  
**HIGHLAND NY 12528-8010**



<b>NYSBA USE ONLY:</b>	
PERMIT #:	_____
Approved By:	_____
Date:	_____