

NEW YORK STATE BRIDGE AUTHORITY

APPLICATION FOR 2018 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:	
E-ZPass Tag Number (Eleven Digits - Required):			

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 2017 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



NYSBA USE ONLY:	
PERMIT #:	_____
Approved By:	_____
Date:	_____