



Oversize/Overweight Checklist for each Permitted Load

To be filled out by the truck driver prior to driving on NH Roadways.

All fields are required to be filled out:

1. Motor Carrier performing the move, US DOT# (If Required) _____
2. Owner of the trailer/carrier and plate number _____
3. NHDOT OS/OW Permit Number - _____
4. Maximum Escort Speed (Trailer tire speed rating or OS/OW permit condition) _____
5. Pre-Trip Inspection –

- | | | |
|---------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> A. Lights | <input type="checkbox"/> A1. Signs & Flags | <input type="checkbox"/> A2. Weather Conditions _____ |
| <input type="checkbox"/> B. Brakes | <input type="checkbox"/> B1. Brake Connections | <input type="checkbox"/> B2. Breakaway Device |
| <input type="checkbox"/> C. Wheels | <input type="checkbox"/> C1. Wheel Fasteners | <input type="checkbox"/> C2. Hubs |
| <input type="checkbox"/> D. Coupling Device | <input type="checkbox"/> D1. Coupling Latch Mech. | <input type="checkbox"/> D2. Coupling Safety Chains |
| <input type="checkbox"/> E. Tires | <input type="checkbox"/> E1. Springs | <input type="checkbox"/> E2. Frame |

I am properly licensed and qualified to perform this move. **Y/N**

This move has obtained permission from all selectman, council, trustees or other appropriate officials with jurisdiction over roads and bridges (Roads and Bridges for Cities and Towns). **Y/N**

The applicant agrees to move at own risk and assume all responsibility for injury to persons or damage to public or private property caused directly or indirectly by the transportation of the vehicle or load under the permit.

I, the undersigned, do hereby certify that all information provided is accurate and complete. This document is signed under penalty of Unsworn falsification pursuant to RSA 641:3.

Driver's Name (Please Print) _____

Driver's Signature: _____ Date: _____ Time: _____

Official Use Only

To be filled out by Law Enforcement Trooper Name/ID # _____

1. Did you visually confirm the permit and any special provisions attached? Y/N
2. Effective Date of Permit _____ Expiration Date of Permit _____
3. Route of Travel _____

Report any mechanical defects/failures during a Transport: _____

Date Referred to Troop G: _____

*****THIS FORM IS REQUIRED TO BE SUBMITTED BY LAW ENFORCEMENT WHEN CONTACT IS MADE WITH AN OVERSIZE/OVERWEIGHT LOAD.*****