## CITY OF ALBUQUERQUE OVERSIZE OVERWEIGHT PERMIT

Phone: 505-857-8679 Fax: 505-857-8687

Traffic Code Subsection 4.67

Email: coaoversizepermits@cabq.gov

| Name of Mover:  |                  |             |               | -           |
|---|------------------|-------------|---------------|-------------|
| Address:  |                  |             | City:         | State:      |
| Contact Name:   |                  |             | Phone Number: |             |
| Return Fax Number:  |                  |             |               |             |
| Return Email:   |                  |             |               |             |
| Description of Load:  |                  |             |               |             |
|   |                  |             |               |             |
| D + D + I   |                  |             |               |             |
| Route Requested:  |                  |             |               |             |
|   |                  |             |               |             |
| TOWING UNIT   |                  |             |               |             |
|   |                  |             |               |             |
| Year: Ma  | ake:             | License:    | State:        | Last 4 Vin: |
| OVERALL DIMENSIONS  |                  |             |               |             |
| Gross Weight:   |                  | Width:      | Length:       | Height:     |
| All oversize vehicles as defined by State Statue that are operated or moved on city streets between 7-9 AM and 4-6 PM shall be accompanied by private or company owned escort. Vehicles exceeding 65 ft. long, 12 ft. wide or 14 ft. 6 in. high must always be accompanied by the escort and shall not be moved on city streets between 7-9 AM & 4-6 PM. It is the responsibility of the mover or operators to select a route that interferes least with normal traffic movement, and in no case shall routes be used that prohibit truck traffic. Permit should be completed in advance and returned to Traffic Engineering via fax ALLOWING TWO BUSINESS DAYS FOR APPROVAL. |                  |             |               |             |
| Check which applies   |                  |             |               |             |
| Duration: Date/s Requested:   |                  |             |               |             |
| Annual From:  |                  |             |               |             |
| One-time  | <u>Through</u> : |             |               |             |
| 0.10 10   | 111124411.       |             |               |             |
|   |                  |             |               |             |
| OFFICIAL USE ONLY (to be completed and signed by Traffic Engineering)   |                  |             |               |             |
| Effective Date:   |                  |             |               |             |
| Expiration Date:  |                  |             |               |             |
| Escort Service Required:  |                  |             |               |             |
| Yes   |                  |             |               |             |
| No 0  |                  |             |               | Date:       |
|   |                  | Approved by | , Signature:  |             |