Kentucky Transportation Cabinet
Division of Maintenance

Certified Transportation Plan

Company Name: _____
Address: _____
City, State Zip: _____
Phone: ( ) -
Fax: ( ) -
Point of Contact: _____
Phone/ext: ( ) - ext:
Cell/Pager: ( ) -
e-mail _____

Name of Mine/Quarry/etc: _____
DNR Permit Number: _____
County: _____
Latitude: ° ′ ″
Longitude: ° ′ ″
Type of Material: Coal
Type of Operation: Surface Mine
Name of Destination: _____
Destination Code: _____

List all State, County, and/or City Roads used on Haul Route (attach map):

COUNTY	ROUTE #	ROAD NAME	BEG MP	DIR.	END MP	LENGTH	HWY CLASS
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	
						0.000	

☐ **Attach additional sheets if needed**

List all Bridges used on Haul Route:

COUNTY	ROUTE #	MILE POST	BRIDGE NUMBER	WEIGHT LIMIT (TONS) TYPE I	TYPE II	TYPE III	TYPE IV

☐ **Attach additional sheets if needed**

County or city roads, streets and bridges shown above are not the responsibility of the Transportation Cabinet and are not certified. They are shown for informational purposes only. Certification of this plan does not constitute approval or intent to approve a cooperative agreement, and does not indicate a willingness of the Transportation Cabinet to allow overweight hauling except by permit, agreement, or license. Contact your District Highway Office for Statutory Weight Limits.

COMPANY NAME: _____
OFFICER: _____
CERTIFIED BY: **TITLE:** _____

Chief District Engineer	Date	Authorized Signature	Date

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(Continued from page)

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