



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):

<u>COUNTY</u>	<u>ROUTE #</u>	<u>ROAD NAME</u>	<u>BEG MP</u>	<u>DIR.</u>	<u>END MP</u>	<u>LENGTH</u>	<u>HWY CLASS</u>
_____	_____	_____	_____	_____	_____	0.000	_____
_____	_____	_____	_____	_____	_____	0.000	_____
_____	_____	_____	_____	_____	_____	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:

<u>COUNTY</u>	<u>ROUTE #</u>	<u>MILE POST</u>	<u>BRIDGE NUMBER</u>	<u>WEIGHT LIMIT (TONS)</u>			
				<u>TYPE I</u>	<u>TYPE II</u>	<u>TYPE III</u>	<u>TYPE IV</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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: _____
 TITLE: _____

CERTIFIED BY: _____

Chief District Engineer

Date

Authorized Signature

Date



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(Continued from page)

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						0.000	

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(Continued from page)

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

Attach additional sheets if needed