

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation **DIVISION OF MOTOR CARRIERS**

TC 95-625 Rev. 05/2018 Page 1 of 1

OVERWEIGHT OR OVERDIMENSIONAL PROPOSED ROUTE SURVEY

This form must	NOTICE: accompan	v form TC95-1	Please s Fax: 502-5 0.		MAIL TO: PO Box 2007, Frankfort KY 40602-2007 Phone (502) 564-1257		
)			Driv	<u>ve.Ky.Gov</u>	
SECTION 1: APPLI		RMATION			.		
HAULING COMPANY (applicant)					USDOT#	USDOT#	
LOAD DESCRIPTION					DATE OF SURVEY		
OVERALL LENGTH OVERA		LL WIDTH	OVERALL HEIGHT	HEIGHT OF POLE (6'	above overall height) GROSS WEIGHT		
ORIGIN (complete add	ress if in KY)		1				
DESTINATION (comple	te address if in	1 KY)					
ROUTE							
SECTION 2: ROUTE DETAILS - For additional route details attach a separate sheet.							
 All vertical/horizontal clearance <u>must</u> be checked at the highest/widest point of the load and lowest/narrowest of the area where the load will be traveling insuring that all obstructions can be traveled under, over, or ramped safely No obstruction can be moved or removed without written permission from the owner. All loads over 200,000 lbs must attach a side & rear view drawing with axle spacing & weights. Identify all locations where bucket trucks may be needed. ROUTE (Name / Number) LANE OF TRAVEL (Right, Left, Center, (Right, L							
,		Straddle)		on if applicable, etc.)			
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		+					
	+						
		_					
SECTION 3: SIGN	ATURE						
-			e as requested above has fely clear every obstacle c			o the move being requested.	
SURVEYING COMPAN	Y NAME				-		
SURVEYOR'S NAME					PHONE NUMBER		
SIGNATURE					DATE		