



PERM 39 (08/07)

**STATE OF NEW YORK  
DEPARTMENT OF TRANSPORTATION  
APPLICATION FOR A SPECIAL HAULING PERMIT**  
50 Wolf Road  
Central Permits Office, 1st Floor  
Albany, New York 12232  
Visit our website @ [www.nypermits.org](http://www.nypermits.org) for more information

THIS DOCUMENT IS VALID AS A PERMIT ONLY  
WITH NYS VALIDATION STAMP

NYS DOT PERMIT #

**SERVICE COMPANY INFORMATION**

COMPANY NAME :	Co.#	LOG#	<input type="checkbox"/> RESUBMISSION FOR :
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**CARRIER INFORMATION**

CARRIER'S NAME :	CUSTOMER No:	<input type="checkbox"/> NEW ACCOUNT
STREET :		
<b>CURRENT INSURANCE COVERAGE LIMITS (Must check one)</b>		
CITY :		<input type="checkbox"/> \$750,000.00 / \$250,000.00 (See instructions for details)
STATE :	ZIP CODE :	<input type="checkbox"/> \$1,000,000.00 combined (See instructions for details)
USDOT # :	FEIN # :	<input type="checkbox"/> UNDERTAKING (Municipalities and Government Agencies Only)

**VEHICLE INFORMATION**

VEHICLE	N.Y. DMV / IRP REG. WGT (LBS)	YEAR	MAKE	PLATE #	STATE	# OF AXLES	VIN # Annual permit only
POWER UNIT							
TRAILER							

**VEHICLE AND LOAD INFORMATION**

LOAD DESCRIPTION : (MAKE, MODEL, S/N OR UNIT #)	OVERALL	FEET	INCHES	OVERHANG	FEET	INCHES				
	WIDTH			FRONT						
	HEIGHT			REAR						
	LENGTH			<b>GROSS WEIGHT :</b>						
AXLE NUMBER	STEER	2	3	4	5	6	7	8	9	10
AXLE WEIGHTS (lbs)										
SUM OF MANUF. TIRE RATING (lbs)										
AXLE SPACINGS (FT) - (IN)	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	

**TRIP INFORMATION**

REQUESTED START DATE :	PERMIT TYPE :
SPECIFIC ADDRESS OF TRIP ORIGIN / RADIUS:	SPECIFIC ADDRESS OF TRIP DESTINATION:
ROUTING:	

**AFFIRMATION**  
FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE AS A CRIME UNDER PENAL LAW 210.45

Authorized Representative Signature:	Telephone No.:
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**OFFICIAL USE ONLY** PERMIT EFFECTIVE DATES - FROM : TO :

APPLICATION ID #	REVIEWED BY INITIALS :	
	TIME REVIEW COMPLETED :	
BASE PERMIT FEE \$	DATE:	# OF ADD. TRAILERS <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> W
TRAILER FEE \$	TIME:	OPTION I :
TOTAL PERMIT FEE \$	CK #	OPTION II : <span style="float:right">PAGE OF</span>

## INSTRUCTIONS

### GENERAL

The form PERM 39 is used in connection with Special Hauling Trip and Monthly/Annual permit applications for the movement on State Highways of vehicles and / or loads which exceed the limitations set forth in section 385 of the New York State Vehicle and Traffic Law.

This permit is only valid for highways under Department of Transportation jurisdiction. Permission must be obtained from appropriate authority when traveling over Thruway, Parkway, County Roads, Town Highways, and City or Village roads by the Carrier as identified on the face of the Permit. Routes not under the jurisdiction of the Department of Transportation are shown on the permit for continuity purposes only and do not imply that authorization has been granted for their use.

Permissible Hauling Days: Any normal working day, Monday through Friday, from one half-hour before sunrise to one half-hour after sunset, when weather conditions are favorable. No movements are allowed at night (between the hours of one half-hour after sunset to one half-hour before sunrise), on Saturdays, Sundays, or the following holidays (unless otherwise noted on the permit): New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day, or from 12 Noon the day preceding; Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. The day preceding means any normal working day, Monday through Friday.

This Permit Application may be mailed or hand delivered to: New York State Department of Transportation, 50 Wolf Road, Albany, New York 12232 or any Regional Office with the exceptions of Region 1, Schenectady and Region 11, New York City.

Please refer to the Perm 30 – Information Concerning Special Hauling Permits, for a listing of valid permit types and general Special Hauling permit information.

**SERVICE COMPANY INFORMATION –** (If applicable) This section is ONLY required when a NYSDOT Licensed Permit Service Company (PSC) or Transmission Service Company (TSC) applies for a carrier on their behalf.

**Company Name:** Name of the Service Company submitting the application.

**Company Number (Co #):** This is the number assigned to the PSC / TSC by the NYSDOT Permit Office once a License Agreement is signed.

**Telephone Number:** Phone number of the PSC / TSC, include area code.

**Resubmission For :** (TSC Only) Enter the initials of the NYSDOT Technician that disapproved the original application.

### CARRIER INFORMATION

**Motor Carrier's Name and Address:** The individual / company that the permit will be issued to.

**USDOT#:** This is the Number assigned by NYSDOT for Intrastate carriers, or the Federal Motor Carrier Safety Administration (FMCSA) for Interstate carriers.

**FEIN #:** This is the Federal Identification Number for your business. Not required for private (not for hire) carriers.

**Customer No. :** (NYSDOT Permit Account number) this number will be assigned by DOT upon issuance of the first permit. If this number has been established by a prior permit, place that number in the space provided. If you do not have a Customer Number please leave the space blank and place an "x" in the New Account box.

**Application #:** Only required if application is submitted by a Transmission Service Company.

**Current Insurance Coverage Limits:** The Carrier as identified on the face of the permit application must have one of the following coverage limits checked and in effect for the duration of the issued permit:

1. \$750,000.00 bodily injury or death / \$250,000.00 injury to or destruction of property.
2. \$1,000,000.00 combined single liability coverage for any one accident.
3. Undertaking on file with the Permits Office (Government and Municipal agencies ONLY)

### VEHICLE INFORMATION

**DMV/IRP Reg. Wgt:** List the power unit's registered weight as shown on the NYS DMV registration or IRP Cab Card as marked for New York State. If the power unit is registered as a TRUCK, a registration weight for the TRAILER must be shown in the space provided for the trailer.

**Year:** List the year of manufacture of the power unit and trailer.

**Make:** List the make of the power unit and trailer.

**Plate #:** List the license plate number of the power unit and trailer.

**State:** List the state or jurisdiction where the power unit and trailer is based.

**# of Axles:** List the number of axles on the power unit and the trailer. The steering axle counts as an axle.

**VIN #:** List the power unit vehicle identification number. ONLY required for monthly / annual permits.

### VEHICLE AND LOAD INFORMATION

**Load Description:** Describe what you are transporting. Make, model, and serial/unit/piece number must be included.

**Overall Dimensions:** List the overall length, width, and height of the power unit and / or trailer inclusive of load.

**Overhang:** List both rear and front overhangs. If no overhang, state 0.

**Axle Weights:** List the actual axle weights for each axle. Do not list the axle weight ratings. For configurations of 10 or more axles, list all axle information on a PERM 39-1VC form and attach to permit. Axle weights cannot exceed the sum of the tire ratings for that axle.

**Sum of Manuf. Tire Ratings:** List the total tire rating for the axle in question. Tire ratings are listed on the side of the tire in both single and dual capacity. For any axle with one tire on each side of the axle use the single rating and multiply by 2 (total of 2 tires on the axle). For any axle with 2 tires on each side of the axle use the dual rating and multiply by 4 (total of 4 tires on the axle). List the total TIRE RATING which you have calculated for each axle.

**Axle Spacings:** List the distance between each axle, starting with the steer axle, as measured from the centers of each axle.

**Gross Weight:** List the combined gross weight of the power unit, load and trailer (if applicable). If using the electronic form, the Gross Weight will be populated as you enter your axle weights.

### TRIP INFORMATION

**Requested Start Date:** List the date for the first requested day of travel.

**Permit Type:** List the trip or monthly/annual permit type number. See Perm 30 for individual permit types.

**Specific Address of Trip Origin/Radius and Destination:** List the road and address / state line where the trip will begin and end. If applying for a monthly/annual radius permit, list the municipality from which the radius will be drawn.

**Requested Routing:** List the routes you would like to travel in New York State. List any county, town, village or city routes, including any routes under the jurisdiction of the NYS Thruway Authority within brackets [CR 102]. Direction of travel for each route is required (N, S, E, W).

### SIGNATURE AND PHONE NUMBER OF APPLICANT

The applicant or representative of the applicant must sign the application and list a phone number (including area code) where the applicant can be reached. If a Permit Service Company is submitting this application they must provide their company name and company number as assigned by the NYSDOT Permit Office.