OVERSIZED/OVERWEIGHT COMMERCIAL VEHICLE INSPECTION, CLEARANCE, AND ESCORT SERVICE PERMIT APPLICATION

THOUSAND ISLANDS BRIDGE AUTHORITY				
P.O. BOX 428 COLLINS LANDING				
ALEXANDRIA BAY, NEW YORK 13607				
E-Mail tollpermits@tibridge.com				
PHONE: (315) 482-2501				
FAX: (315) 482-6314				

The Fees below apply at US and CDN Plaza ESCORT PERMIT FEE: \$175.00 US or \$225.00 CDN

TOLL CHARG	E \$		
TOTAL DUE	\$		
(Cash or Credit card or EZ-Pass)			

NAME OF APPLICANT OR CO	MPANY NAME			
ADDRESS		PHONE		
		FAV		
DATE OF PROPOSED CROSSING: DIRECTION OF TRAVEL: (Please check one)				
NORTH ENROUTE CANA	DA	_SOUTH ENROUTE U.S		
VEHICLE SPECIFICATIONS	: (Please answer	all questions)		
Tractor Trailer S	Straight Truck	Gross Vehicle Weight		
Vehicle Identification Number		Overall Length		
Vehicle Width	_Vehicle Height_	Overall Length		
Total Number of Axles on Vehicl	e Including Steeri	ng Axle		
PLEASE LIST AXLE WEIGH Weight on Axle # 1				
Weight on Axle # 2	Spacing in Ft.	_ Spacing in Ft. and In. from Axle # 1 to Axle # 2		
Weight on Axle # 3	_ Spacing in Ft. and In. from Axle # 2 to Axle # 3			
Weight on Axle # 4	_ Spacing in Ft. and In. from Axle # 3 to Axle # 4			
Weight on Axle # 5	_ Spacing in Ft. and In. from Axle # 4 to Axle # 5			
Weight on Axle # 6	_ Spacing in Ft. and In. from Axle # 5 to Axle # 6			
Weight on Axle # 7	_ Spacing in Ft. and In. from Axle # 6 to Axle # 7			
Weight on Axle # 8	Spacing in Ft. and In. from Axle # 7 to Axle # 8			
all responsibilities for any damage	e to the road surfa	e and correct in all respects and agrees to assume ce, Bridge members, traffic control devices, or persons or property that may result from such		
Signature of Permit Applicant:		Date :		
(TIBA USE ONLY)	PERM	MIT APPLICATION NUMBER		
Vehicle approved for crossing on This Permit Application is Denied	d due to			

Signature _____ Title _____ Date _____