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

PHONE: (315) 482-2501
FAX : (315) 482-6314 (PREFERRED)
: (315) 482-5925

The Fees below apply at US and CDN Plaza
ESCORT PERMIT FEE $140.00 US or $185.00 CDN

TOLL CHARGE $ _____

TOTAL DUE $ _____
(Cash or Credit card only)

NAME OF APPLICANT OR COMPANY NAME _____

ADDRESS_____ PHONE _____
_____ FAX _____

DATE OF PROPOSED CROSSING: _____ TIME : _____
DIRECTION OF TRAVEL: (Please check one)
NORTH ENROUTE CANADA _____ SOUTH ENROUTE U.S. _____

VEHICLE SPECIFICATIONS : (Please answer all questions)
Tractor Trailer _____ Straight Truck _____ Gross Vehicle Weight _____
Vehicle Identification Number _____
Vehicle Width _____ Vehicle Height_____ Overall Length _____
Total Number of Axles on Vehicle Including Steering Axle _____

PLEASE LIST AXLE WEIGHTS AND SPACING BETWEEN AXLES :
Weight on Axle # 1 _____ (Steering Axle)

Weight on Axle # 2 _____ 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 _____

The undersigned certifies that all information is true and correct in all respects and agrees to assume all responsibilities for any damage to the road surface, Bridge members, traffic control devices, or other structures, and all liability in case of injury to persons or property that may result from such crossing.

Signature of Permit Applicant : _____ Date : _____

(TIBA USE ONLY) PERMIT APPLICATION NUMBER _____

Vehicle approved for crossing on _____
This Permit Application is Denied due to _____

Signature _____ Title _____ Date _____