

STATE OF ALASKA

DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
DIVISION OF MEASUREMENT STANDARDS AND COMMERCIAL VEHICLE ENFORCEMENT

PERMIT # **OAP**

FEE: \$ _____

OVERWEIGHT AXLE PERMIT

**ENROUTE/INTERSTATE SEALED & CHARGED PRODUCE VANS/IM LOADS
(DURING SEASONAL WEIGHT RESTRICTIONS OF 85%, 75% & 50%)**

CHECK #/ACCOUNT #/CR TRANS #

PERMIT ORDERED BY: _____

COMPANY BILLED: _____

CARRIER: _____

BILLED COMPANY'S
MAILING ADDRESS: _____

PHONE#: _____ CELL #: _____ FAX #: _____ SEND TO: _____

TRACTOR LICENSE # _____ (SEMI)TRAILER LICENSE # AS ASSIGNED

(SEMI)TRAILER LICENSE # _____ TRACTOR LICENSE # AS ASSIGNED

DATES: FROM _____ TO _____

ORIGIN _____ DESTINATION _____

VALID HIGHWAYS:

All, EXCEPT:

IM loads are not permitted on the Glenn-Parks Highway route between Anchorage and Fairbanks.

TIME-OF-TRAVEL RESTRICTIONS:

Unrestricted hours EXCEPT

Must not move if vision is restricted to less than 1,000 feet by inclement weather.

Enroute loads must be completed within seven (7) days of the effective date of the restriction.

CONDITIONS:

1. **DRIVER** must carry a copy of the permit, stop at all open weight stations, AND drive with headlights on at all times.
2. **DRIVER** may travel at posted speeds.
3. **DRIVER** must carry **Bill of Lading** which clearly shows:
 - (a) Enroute loads require shipping date.
 - (b) Interstate sealed and charged produce vans require shipping date.
 - (c) IM loads require product name and identification number.
4. **SIZE & WEIGHT:**

All dimensions must be legal and weight must be legal at 100%.

Applicant expressly agrees to indemnify, save harmless and defend the State of Alaska, its agencies and employees from any and all claims or actions for injuries or damages sustained by any person or property arising directly or indirectly from this special use permit or the activities which it authorizes. Applicant also acknowledges that, under Alaska Statute 44.80.070, the State is not subject to legal action or recovery of damages for injury arising out of, or in any manner connected with, this special use permit or the activities which it authorizes.

PERMIT PRINTED:

SIGNATURE OF APPLICANT: _____ DATE: 1/23/08 @ 9:33 AM

Permission is hereby granted to make the above movement, subject to restrictions & conditions stated above & all other applicable State laws & regulations by:

_____ DATE: _____