Oversize/Overweight Checklist for each Permitted Load

To be filled out by the truck driver prior to driving on NH Roadways.

All fields are required to be filled out:

1. Motor Carrier performing the move, US DOT# (If Required)________________________________
2. Owner of the trailer/carryer and plate number ________________________________
3. NHDOT OS/OW Permit Number - ___________________
4. Maximum Escort Speed (Trailer tire speed rating or OS/OW permit condition) _________________________________
5. Pre-Trip Inspection –
   C. Wheels                                              C1. Wheel Fasteners                            C2. Hubs
   E. Tires                                                  E1. Springs                                              E2. Frame

I am properly licensed and qualified to perform this move.  Y/N

This move has obtained permission from all selectman, council, trustees or other appropriate officials with jurisdiction over roads and bridges (Roads and Bridges for Cities and Towns).  Y/N

The applicant agrees to move at own risk and assume all responsibility for injury to persons or damage to public or private property caused directly or indirectly by the transportation of the vehicle or load under the permit.

I, the undersigned, do hereby certify that all information provided is accurate and complete. This document is signed under penalty of Unsworn falsification pursuant to RSA 641:3.

Driver’s Name (Please Print) _________________________________________________________________________

Driver’s Signature: ______________________________________ Date: _______________ Time: _____________

Official Use Only

To be filled out by Law Enforcement  Trooper Name/ID # _____________________________

1. Did you visually confirm the permit and any special provisions attached?  Y/N
2. Effective Date of Permit _________ Expiration Date of Permit____________
3. Route of Travel ____________________

Report any mechanical defects/failures during a Transport: _____________________________________________

________________________________________________________________________________________

Date Referred to Troop G: ______________________

***THIS FORM IS REQUIRED TO BE SUBMITTED BY LAW ENFORCEMENT WHEN CONTACT IS MADE WITH AN OVERSIZE/OVERWEIGHT LOAD.***

DSSP 404 (Rev. 08/19/15)