



MASSIVE MOVE ROUTE APPROVAL

**** Approval is required by each RM****

SINGLE TRIP APPROVAL

MULTI -TRIP APPROVAL; NUMBER OF TRIPS APPROVED _____

Company Name: _____

Contact: _____

Phone Number: _____

Email: _____

Commodity: _____

of Axles: _____

Truck Plate (if known): _____

Maximum Allowance for Weight and Dimension:

Gross Weight: _____

Steer Axles: _____

Drive Axles: _____

Jeep Axles: _____

Trailer Axles: _____

Booster Axles: _____

Other Axles: _____

Width: _____

Length: _____

Height: _____

Approved Route/Notes:

ORIGIN: _____

DESTINATION: _____

ROUTE: _____

Effective Date & Time: _____ AM / PM

Expiry Date & Time: _____ AM / PM

RM #: _____

Approved by (please sign): _____

Contact Info Phone: _____

Email _____

ADDITIONAL INFO: _____

