



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF MOTOR CARRIERS

TC 95-625
Rev. 05/2018
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OVERWEIGHT OR OVERDIMENSIONAL PROPOSED ROUTE SURVEY

NOTICE:

This form must accompany form TC95-10.

Please send to:
Fax: 502-564-0992

MAIL TO:
PO Box 2007, Frankfort KY 40602-2007
Phone (502) 564-1257
Drive.Ky.Gov

SECTION 1: APPLICANT INFORMATION

HAULING COMPANY (applicant)				USDOT#	
LOAD DESCRIPTION				DATE OF SURVEY	
OVERALL LENGTH	OVERALL WIDTH	OVERALL HEIGHT	HEIGHT OF POLE (6" above overall height)		GROSS WEIGHT
ORIGIN (complete address if in KY)					
DESTINATION (complete address if in KY)					
ROUTE					

SECTION 2: ROUTE DETAILS - For additional route details attach a separate sheet.

The following must be considered while physically performing the survey.

- All vertical/horizontal clearance **must** be checked at the highest/widest point of the load and lowest/narrowest of the area where the load will be traveling insuring that all obstructions can be traveled under, over, or ramped safely
- No obstruction can be moved or removed without written permission from the owner.
- A manufacturer's specification drawing must be attached.
- Insure that the weight does not exceed any highway or bridge posted limit.
- All loads over 200,000 lbs must attach a side & rear view drawing with axle spacing & weights.
- Identify all locations where bucket trucks may be needed.

ROUTE (Name / Number)	DIRECTION (N S E W)	LANE OF TRAVEL (Right, Left, Center, Straddle)	NOTES: INCLUDE ALL OBSTRUCTIONS WITH MILE POINTS (i.e. bridges, lights, wires, mast arms, trees, signs, poles, guardrail, railroad, owner of obstruction & contact information if applicable, etc.)

SECTION 3: SIGNATURE

The Surveyor does hereby certify that the proposed route as requested above has been physically checked for clearances related to the move being requested. Furthermore, it is certified that the proposed load can safely clear every obstacle or bridge structures along the identified route.

SURVEYING COMPANY NAME	
SURVEYOR'S NAME	PHONE NUMBER
SIGNATURE	DATE