



Motor Carrier Services Division
 PO Box 4639 Helena, MT 59604-4639
 406/444-6130 Fax: 406/444-9263
 mdtmcs32jcontact@mt.gov

Official Use Only

Log # _____ Bridge Log # _____

32-J APPLICANT INFORMATION (All information must be completed accurately and legibly; provide information on separate page, if needed.)

Company Name			
Address		Phone	Fax
City	State	Zip	DOT #
Person to Contact		Phone	Cell
Email			
Name of Insurance Company			Policy #

The following information must be detailed and specific. Please list the number of miles and direction from the nearest city or town. Exact highway numbers or street names must be used. Highway mile markers may be required or postal street names and numbers within a city or town. If this information is not specific, the application will be delayed. The proposed route may be changed at MDT's discretion.			
Origin			
Destination			
Requested Route of Travel			
Proposed Dates of Travel			
Owner of the load			
Description of Load			Number of Loads
Overall Dimensions in Feet and Inches	Width	Length	Height
A drawing of the axle configurations must be attached to this application. This is to include all axle spacings and weight distribution on each axle grouping. The spacings are to be measured from center of axle to center of axle; starting at the steering axle (axle 1) to the next axle (axle2), axle 2 to axle 3, etc.			

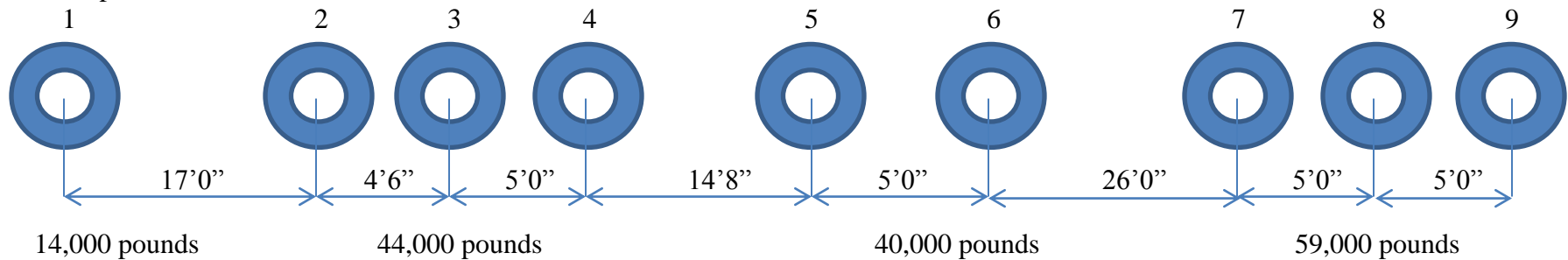
The applicant is responsible for damage to Montana Department of Transportation's property. Failure to correct damage to department property could result in revocation of permit privileges. Repairs not accomplished within 48 hours of completion of the move will be repaired by MDT and expenses incurred will be billed to the permittee.

- ✓ I hereby certify that I have provided accurate information on this application. I further certify that I understand the laws, rules and policies governing the issuance of a permit and the transport of the load. I have checked the route, bridge and structure clearances, and have made appropriate arrangements for traffic control.
- ✓ This application is governed by the Uniform Electronic Transaction Act, Title 30, Section 18, Part 1, Montana Code Annotated. By my signature/typewritten name below: I agree to conduct this transaction by electronic means; I certify that all information on this application form is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations; I agree to comply with the terms and conditions of the application and permit; and I understand that any material misrepresentations in this application will void my permit.

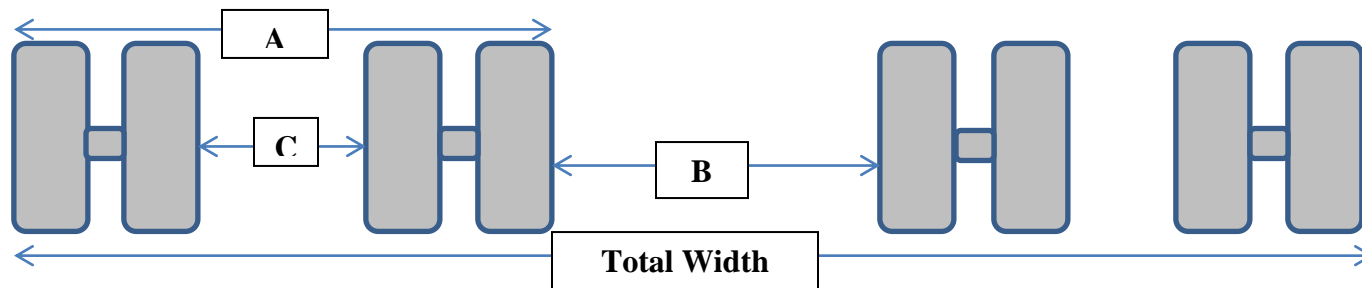
Signature: _____ Date: _____

On a separate page the following information is required. Show all axle spacing and weight distribution on each axle grouping. The spacing is to be measured from center of axle to center of axle; starting at the steering axle (axle 1) to the next axle (axle2), axle 2 to axle 3, etc.

Example:



If the configuration you are intending to use is a dual lane dolly configuration, then the following information needs to be completed.



Please enter in feet and inches:

Width A =

Width B =

Width C =

Checklist for Motor Carrier Services Form 32-J Permit Application

	Yes	No
Will the proposed action involve construction and/or earth disturbing activities such as construction of new or improvement of existing turnouts and/or utility relocation? (If "yes" an encroachment permit and any associated environmental checklist will need to be submitted to the appropriate MDT District Maintenance Chief.)	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposed actions involve activities that will permanently change the physical features or characteristics of the route such as construction activities or sign and/or utility modifications?	<input type="checkbox"/>	<input type="checkbox"/>
Will any of the loads involve transport of potentially hazardous substance? (If "yes", list potentially hazardous substances and attach MSDS information as applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
Would the proposed haul involve utilities coordinated functions or interruptions? (If "yes", have the appropriate utilities been contacted?)	<input type="checkbox"/>	<input type="checkbox"/>
Has the movement been coordinated with applicable county, municipal, and/or tribal governments to minimize potential for interference with local events and/or emergency vehicles, adverse impact to businesses, and/or inconvenience to the traveling public?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

List each specific location on the proposed route that will require removal or replacement of highway property. This includes, but is not limited to bridge end markers, signs, signals, delineators, etc. (The location must be specific. Use mile markers, street intersection names or approximated number of feet from the nearest intersection or mile marker.)

The applicant agrees to pay all costs of removal and replacement of signs, delineators, bridge end markers and any other affected MDT property. Replacement must be completed immediately after clearing the obstacle.

List each bridge, overpass or underpass that may pose clearance problems or delay traffic while the load is moved. (The location must be specific. Use mile markers, street intersection names or approximated number of feet from the nearest intersection or mile marker.) 61-10-122 MCA

Explain the traffic control arrangements that have been made for those instances when traffic will be stopped, blocked or otherwise impacted while crossing bridges, structures, clearing underpasses or using Interstate crossovers. Provide an estimate of the length of time traffic will be stopped and what traffic control arrangements you have made.

If you have additional documentation please send it to:

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