CITY OF ST. ALBANS

Vermont Agency of Transportation
Department of Motor Vehicle
Uniform Municipal Excess Weight Permit

FLEET($10.00) OR SINGLE VEHICLE($5.00)

Approval is hereby given for the granting of a fleet/single vehicle permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner:_____

Address:_____

Contact:_____ Phone:_____

Type(s) of Vehicles(s)	#of Axels	Product Carried	Max. Weight Requested	Max. Weight Approved

Approved for the following highways (list may be attached): See Ordinance

_____

_____

The following restrictions apply (list may be attached): See Ordinance

LEMNAH DRIVE – POSTED 12,000 LBS

This approval shall be effective for no more than a one year period ending _____. This approval covers all vehicles bearing the company name. If the permit is to cover unmarked company trucks, please attach a list to this form giving year and make of trucks, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a and is REQUIRED TO FURNISH THE MUNICIPALITY A VALID CERTIFICATE OF INSURANCE in the following amounts: a minimum of $100,000/$300,000 Personal Injury Liability Coverage of $100,000 Property Damage Coverage.

Approved:_____ Title:_____ Date:_____
(Duly Authorized agent)