

REQUEST FOR DESIGNATED ROUTES UP TO 129,000 POUNDS

North Dakota Department of Transportation, Maintenance

SFN 61295 (5-2019)

This form is designed to be completed electronically.

Date

Company Name		Contact Person's Name			
Contact Telephone Number	Fax Number		Email Address		
Address	City		State	ZIP Code	

State Highway Routes(s) Requested

Vehicles operating on the maximum overall length as shown on the NDDOT Overall Length Map at http://www.dot.nd.gov/divisions/maintenance/docs/9-1annex_b.pdf. Upload a map with requested route(s) along with this completed form.

Highway Number	Beginning Milepost	Ending Milepost

Highway Number	Beginning Milepost	Ending Milepost

Reasons for Request

1. Narrative explaining origin and destination of trips
2. Approximate change in loads per month
3. Approximate number of trips per month
4. Commodities being transported

Urban Corridors (if Applicable)

1. Cities over population 500 on corridor (Current Census)
2. Anticipated turning movements on route in cities

Local Roads

1. Will origin or destination of loads pass over local county or city roads: <input type="checkbox"/> Yes <input type="checkbox"/> No
List of County or City Roads

Additional Info Section (Economic impact must be included)

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