

## Form M-4902 Completion Instructions

### Section 1:

- Fill out the top section as indicated.

Application is hereby made by	NAME OF APPLICANT/OWNER	PHONE
Address of Applicant/Owner	STREET	CITY
	STATE	ZIP CODE

### Section 2:

- Supply the correct information for the subject bridge.
- If the number of trips is unknown, then indicate “as needed” trips.
- Indicate the dates for which the application is needed. These dates should reflect the single trip date; or a three month or twelve month (maximum) period.

This application is to exceed a posted *(check one or both, as applicable)*     Weight Limit     Size Restriction

on a *(check one only)*     highway     bridge; in \_\_\_\_\_ County, PA.

The posted restriction is \_\_\_\_\_  
*(include units such as tons, feet, inches, etc.)*

and is located at or between \_\_\_\_\_ on State Route # \_\_\_\_\_  
*(also indicate on an attached map)*

This application is for \_\_\_\_\_ of trip(s). Move begins \_\_\_\_\_ Move ends \_\_\_\_\_ Fee \_\_\_\_\_  
*(number) (date) (date)*

### Section 3:

- **Gross Weight:** Is the total weight of the vehicle and load.  
*(\*Note: This value must be the same as indicated in column 3 of 9 of the Section 4 below)*
- **Registered Gross Weight:** Is the weight for which the vehicle is registered.
- **Total Length/Width/Height and Type/Load:** Are the vehicles parameters and designated use.
- **Equip./Axles:** The number of axles should match the amount of axle weight indicated in Box 4 below.

GROSS WEIGHT						(Lbs.)	TYPE	_____
REGISTERED GROSS WEIGHT						(Lbs.)	LOAD	_____
TOTAL LENGTH						(Feet)	EQUIP./AXLES	_____
TOTAL WIDTH						(Inches)	TRUCK LICENSE/ST.	_____
TOTAL HEIGHT						(Inches)	TRAILER LICENSE/ST.	_____

Load Description
Equipment Description/Number of Axles per Vehicle

License Number
State of Registration

License Number
State of Registration

## Form M-4902 Completion Instructions - continued

### Section 4:

- **Axle Number:** The information filled out for each axle should run from front (axle 1) to rear of the vehicle.
- **Axle Weight Due to Vehicle Only:** This is for informational purposes only and should be readily found in the vehicle owner's manual.
- **Total Axle Weight Due to Vehicle and Load:** The total of these axle weights (as indicated in the bottom of the column) *must be the same value as the Gross Weight shown in Section 3 above*. This information is necessary to analyze the affects of the loaded vehicle crossing the bridge.
- **Manufacturer's Rated Axle Capacity:** This is for informational purposes only and should be readily found in the vehicle owner's manual (*\*Note: This value must be greater than or equal to the "Total Axle Weight Due to Vehicle and Load"*).
- **Distance from Previous Axle:** Enter the distance from the center of the previous axle. This information is necessary to analyze the affects of the loaded vehicle crossing the bridge.
- **Width of Axle:** This should be measured from center to center of tire or of tire group (i.e. the center of a tire group consisting of two tires is located between the tires). This information is necessary to analyze the affects of the loaded vehicle crossing the bridge.
- **Number of tires:** Indicate the number of tires corresponding to the axle.
- **Pneumatic Tire Width:** Indicate the width of the tire in contact with the road surface.
- **VIN Number:** may be indicated only once in this table.

THIS SECTION TO BE COMPLETED FOR BRIDGES ONLY								
Axle Number (front to back)	Axle Weight Due to Vehicle Only (pounds)	Total Axle Weight Due to Vehicle and Load (pounds)	Manufacturer's Rated Axle Capacity	Distance From Previous Axle	Width of Axle (center to center wheel or group)	Number of Tires	Pneumatic Tire Width	Vehicle Registration Number or VIN Number
1				<del>X</del>				
2								
3								
4								
5								
6								
7								
Totals								<i>All load-bearing wheels in a straight transverse line constitute an axle.</i>

### Section 5:

- Fill in the insurance information as indicated.
- Sign and date the form.

INSURANCE CO. NAME		POLICY NO.(S)	
EFFECTIVE PERIOD(S)		PUBLIC LIABILITY \$	PROPERTY DAMAGE \$
I, the undersigned, hereby certify that the data submitted is correct to the best of my knowledge and belief.			
Signature & Title <b>X</b>		DATE _____	