Truck Permit Dept.
668 South Ave. Weston, MA 02493
(857)368-3690
Massdottruckpermit@dot.state.ma.us

Application for Reducible Annual Permit

☐ Renewing permit ☐ Company Transfer on existing permit ☐ New Permit

Date: _____

Name of Owner/Lessee: _____

Business Name: _____ DOT #: _____

Mailing Address: _____ _____ _____ _____
Street Apt/Suite City/Town State Zip Code

Phone: _____ Email_____

Vehicle/Trailer Information

Type: _____ Material/Commodity: _____
(10-wheeler, triaxle, tractor, trailer type)

Make: _____ Model: _____Year: _____ VIN: _____

Plate #: _____ State: _____ # of Axles: _____

Distance of Extreme Axles: _____' _____" Length: _____' _____" Width: ____' _____"
(Centerline of the steer axle to Centerline of rear axle) (bumper to bumper) (widest point W/OUT accessories)

Registered Gross Weight: _____ Permit Weight Requested:_____
(In Massachusetts on IRP cab card)

I-90/Mass pike ☐ Check to add I-90/Mass pike to permit. Fee is 25% of the total state roadway permit

Applicant Certification

False statements are punishable by Fine, Imprisonment, or Both. The Undersigned hereby certify that all information contained in this application is true and correct to the best of their knowledge and belief.
I Hereby further declare under penalties provided by M.G.L. c. 90§19D, that to the best of my knowledge no alterations have been made to this vehicle.
which would tend to reduce the said gross vehicle weight rating and that the chassis, axles, tires, rims, brakes, steering components, and suspension systems are maintained in good order.

Signature & date: _____

Print Name& Title_____

GVWR Certification

Section MUST be completed by the Manufacturer, Certified Dealer or authorized Representative of the Manufacturer

Below Gross Vehicle weight rating in pounds as provided by manufacturer or representative at the time of manufacture.

Check one: □ Based on then current data sheets □ Based on applicable U.S Dept. of Transportation Standards

GVWR: _____ Make: _____Model: _____ Year: ___ VIN: _____

Manufacturer's _____
Name & Address

Representatives (if any): _____
Name & Address

Signature of Person producing Certification: _____

Print Name: _____ Date: _____ Phone #: _____