



Truck Permit Dept.  
668 South Ave. Weston, MA 02493  
(781) 431-5148 FAX: (781) 431-5014  
Massdot-truckpermit@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: \_\_\_\_\_

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### ***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: \_\_\_\_\_ GVWR: \_\_\_\_\_ 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

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### **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 Herby 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: \_\_\_\_\_

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### **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 #: \_\_\_\_\_