



Special Loads Form

PBA #: _____ Approved By: _____

PBA USE ONLY: (circle applicable fees)			
Fee Level 1	Fee Level 2	No Crossing Fee	
Busti Gate	U.S. Outbound	Niagara Blvd Gate	Violation Fee

Date Submitted: _____ Date and Time Vehicle Will Arrive: _____

Truck Company Name: _____

Unit #: _____ Driver Name (optional): _____

Billing Address: _____

Contact Person: _____

Email Address: _____

Company Telephone: _____ Company Fax: _____

Gross Weight (in lbs.): _____ Length of Vehicle (in ft.): _____

Number of Axles: _____ Width of Vehicle (in ft. /in.): _____

Ground Clearance (in inches): _____ Height of Vehicle (in ft. /in.): _____

Direction: Eastbound to U.S. ____ Westbound to Canada ____ Description of Load: _____

WEIGHT DISPLACEMENT (Heavy Loads ONLY)

PER AXLE (in lbs.)	AXLE DISTANCE (in ft. /in.)
1.	1-2
2.	2-3
3.	3-4
4.	4-5
5.	5-6
6.	6-7
7.	7-8
8.	8-9
9.	9-10
10.	10-11
11.	11-12
12.	12-13
13.	