



**Special Load 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: \_\_\_\_\_

NYSDOT Permit Obtained: Yes No N/A MTO Permit Obtained: Yes No N/A

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.	