

**WALLINGFORD, VERMONT**  
**Date: 2020**  
**UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT**

Town of Wallingford  
Attn: Town Administrator  
75 School Street  
Wallingford, VT 05773

\_\_\_\_\_ **FLEET**                      \_\_\_\_\_ **SINGLE VEHICLE**

**The Town of Wallingford, Vermont is hereby giving approval for the granting of a permit by the Department of Motor Vehicles under the provisions of 23 VSA Section 1400a and any amendments thereof, covering the operation of motor vehicles with gross loads as follows:**

**OWNER(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>TYPE OF VEHICLE</b>	<b># OF AXLES</b>	<b>PRODUCT CARRIED</b>	<b>MAX. WEIGHT REQUESTED</b>	<b>MAX. WEIGHT APPROVED</b>
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**APPROVED FOR THE FOLLOWING HIGHWAYS:**


The following restrictions apply: **THAT ALL TOWN ROADS NOT BE USED DURING EXTENSIVE RAINY WEATHER AND THAT NO TOWN ROAD BE USED IN THE SPRING UNTIL THE SECOND MONDAY IN MAY BASED ON THE WEATHER CONDITIONS. NO USE OF DUGWAY OR VAN WYCK ROADS.** (If an exception to that date is needed, a request must be made to the Road Commissioner at 446-2131.)

This approval shall be effective for no more than a one-year period ending March 31, 2020. If this is a fleet permit, this approval covers all vehicles bearing the company name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number. This approval may be withdrawn at any time in accordance with 23 VSA Section 1400 and any amendments thereto.

**Signed:**

\_\_\_\_\_  
Wallingford Road Commissioner

\_\_\_\_\_  
Date

The holder of a permit shall be liable for any damage to highways or bridges by the above vehicle(s) and is required to file a special Certificate of Insurance with the Commissioner of Motor Vehicles in the following amounts: A minimum of \$100,000/\$300,000 Personal Injury Liability Coverage, and \$100,000 Property Damage Coverage. The Town of Wallingford, VT shall be named as Certificate Holder.

**The approval shall be effective for no more than one-year period ending March 31, 20\_\_.** This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

## INSTRUCTIONS FOR APPLICANT

1. Permit is valid for up to one year expiring March 31<sup>st</sup>.
2. You must include a valid certificate of insurance in the amount of a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.
3. Please include \$5.00 for each single vehicle application, or \$10.00 for a fleet permit.
4. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
5. Please use the following codes:

### Type of Vehicle

TK	Truck
TR	Tractor
TT	Truck Tractor

### Products

A	All Products
F	Unprocessed Forest Products
M	Unprocessed Milk Products
Q	Unprocessed Quarry Products

## INSTRUCTIONS FOR MUNICIPALITY

1. You may attach a copy of approved highways and/or restrictions to this form.
2. Effective July 1, 1994, a Vermont blanket permit is not required for issuance of Municipal Excess Weight Permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont Department of Motor Vehicles.