

OVERSIZE LOAD TRANSPORT REQUEST

Name: _____ Date: _____

Ideal Travel Date and Time: _____

Phone Number: _____

Email Address: _____

Vehicle Information MEASUREMENTS ARE OVERALL AND MUST BE ACCURATE TO THE HALF INCH. MEASUREMENTS SHOULD BE TAKEN ON A LEVEL FLAT SURFACE.

Height: _____ Width: _____ Length: _____ Weight: _____

Minimum Ground Clearance (Shortest distance between the lowest point of the vehicle and the ground including under carriage.): _____

Is this hazardous cargo? Yes No

If yes, type and quantity: _____

Does this transport require a D.O.T. Permit? Yes No

If yes, please provide a copy of the permit.

Additional Information (Optional): _____

Email the completed form to: PierceFerryAdmin@hmsgm.com. Ferry Management will contact you within 5 business days.

Forms must be filled out entirely. Incomplete forms will not be responded to.

For Internal Use Only

Name of Manager making contact: _____

Date: _____ Time: _____

Notes: _____

Transport Approved: Yes No If no, please explain _____