

Long Double Data:

Long Double Semi-Trailer Data: (lead trailer)

Type of Body	Overall Length	No. of Axles	Axle Spacing: Center of 5 th Wheel – 1	1-2
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Long Double Trailer Data: (dolly and second trailer)

Type of Body	Overall Length	No. of Axles	Axle Spacing:	1-2	2-3	3-4
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Triple Data:

Triple Semi-Trailer Data: (lead trailer)

Type of Body	Overall Length	No. of Axles	Axle Spacing: Center of 5 th Wheel – 1	1-2
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Triple Trailer Data: (dolly and second trailer)

Type of Body	Overall Length	No. of Axles	Axle Spacing:	1-2	2-3	3-4
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Triple Trailer Data: (dolly and third trailer)

Type of Body	Overall Length	No. of Axles	Axle Spacing:	1-2	2-3	3-4
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Combination Data:

Overall Length:	Feet & Inches Maximum	Feet & Inches Minimum	Gross Weight:	Maximum	Minimum
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Spacing between rear of lead trailer and front of second trailer:	Feet & Inches Maximum	Feet & Inches Minimum
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Spacing between rear of second trailer and front of third trailer:	Feet & Inches Maximum	Feet & Inches Minimum
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Spacing between rear axle of lead trailer and front axle of dolly for second trailer:	Feet & Inches Maximum	Feet & Inches Minimum
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Spacing between rear axle of second trailer and front axle of dolly for third trailer:	Feet & Inches Maximum	Feet & Inches Minimum
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Application is hereby made for permit to operate a long combination vehicle in excess of 90 feet on the Ohio Turnpike using the tractor specified above and trailers of the general type described above. Applicant certifies that this long combination vehicle meets all requirements of the *Provisions Covering Permits for Operation of Long Double Trailer Combinations* or the *Provisions Covering Permits for Operation of Triple Trailer Combinations* in Excess of 90 Feet in Length on the Ohio Turnpike as applicable, and will not be modified nor operated on the Turnpike in violation thereof. Applicant understands that long combination vehicles may be operated only from the makeup-breakup areas designated by the Commission.

Send Cards to:

Authorized
Officer (Print) _____

Signature _____

Title (Print) _____

E-Mail (optional) _____

Attention of _____

Company _____

Address _____

Return Completed forms to:

CHIEF ENGINEER

OHIO TURNPIKE COMMISSION

682 PROSPECT STREET

BEREA, OHIO 44017

Send Invoices to:

If same as above check here:

Attention of _____

Company _____

Address _____
