

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: (second trailer and dolly)

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

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: (second trailer and dolly)

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

Triple Trailer Data: (third trailer and dolly)

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

Combination Data:

Overall Length:			Gross Weight:		
	Feet & Inches Maximum	Feet & Inches Minimum		Maximum	Minimum

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.

Authorized Officer (Print) _____	<u>Send Cards to:</u>	Attention of _____
Signature _____		Company _____
Title (Print) _____		Address _____
E-Mail (optional) _____		_____

Return Completed forms to:
CHIEF ENGINEER
OHIO TURNPIKE AND
INFRASTRUCTURE COMMISSION
682 PROSPECT STREET
BEREA, OHIO 44017

<u>Send Invoices to:</u>	If same as above check here: <input type="checkbox"/>
Attention of _____	
Company _____	
Address _____	
