

State of Rhode Island - Division of Motor Vehicles
Reducible Load Permit Application

<http://www.dmv.ri.gov>

rev: 09/10.2

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Customers complete Section A, B and C

USE BLUE OR BLACK INK ONLY

A. Owner And Vehicle Information

DATE		OWNER'S NAME						
BUSINESS ADDRESS					TELEPHONE			
VIN			MODEL YEAR		MAKE		REGISTRATION NUMBER	
STATE	VEHICLE TYPE (SEE REVERSE)		BODY TYPE (SEE REVERSE)		REGISTERED GROSS WEIGHT		PERMIT WEIGHT SOUGHT	NUMBER OF AXLES
AXLE LOAD RATINGS (1) (2) (3) (4)		AXEL SPACING (1-2) (2-3) (3-4)			DISTANCE CENTER- TO-CENTER OF EXTREME AXLES			
OVERALL LENGTH OF VEHICLE		OVERALL WIDTH OF VEHICLE		ANTICIPATED HAZARDOUS MATERIALS CARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMODITIES CARRIED (SEE REVERSE)		INSURANCE COMPANY

B. To Be Completed By Manufacturer Or Representative

Gross Vehicle Weight Rating (GVWR), in pounds, as provided by manufacturer or representative at the time of manufacture: _____.

Check one: based on then current data sheets based on applicable U.S. D.O.T. standards (FMVSS)

MANUFACTURER'S NAME		MANUFACTURER'S ADDRESS	
REPRESENTATIVE'S NAME (IF APPLICABLE)		REPRESENTATIVE'S ADDRESS (IF APPLICABLE)	

PERSON MAKING CERTIFICATION

I hereby state that I have read the above vehicle specifications and certify the same to be valid as the date of this application and that I am duly authorized by the manufacturer to make this certification.

Manufacturer _____

By _____

If unable to obtain manufacturer's GVWR, attach statement from said manufacturer giving reasons why a rating cannot be provided.

DO NOT FILL OUT - DIVISION OF MOTOR VEHICLES ONLY - DO NOT FILL OUT

DATE RECEIVED: _____ THIS PERMIT IS ISSUED TO THE ABOVE VEHICLE FOR _____ POUNDS.

GROSS VEHICLE WEIGHT RATING AS CERTIFIED BY MANUFACTURER _____ POUNDS.

IF PERMITTED VEHICLE IS A SEMI-TRAILER, IT MAY BE COUPLED WITH OTHER VEHICLES IN ACCORDANCE WITH SECTION 31-25-6 WITH A PERMIT WEIGHT EQUAL TO THE LESSER OF THE COMBINED GROSS VEHICLE WEIGHT RATINGS, IN NO EVEN TO EXCEED _____ POUNDS GROSS WITH A MINIMUM OF _____ AXLES.

THIS PERMIT DOES NOT AUTHORIZE TRAVEL OVER ANY HIGHWAY OR PORTION OF ANY HIGHWAY WITH A POSTED WEIGHT LIMIT. THIS PERMIT IS ISSUED IN ACCORDANCE WITH APPLICABLE SECTIONS OF THE RHODE ISLAND MOTOR VEHICLE CODE ACT AND IN ACCORDANCE WITH RULES AND REGULATIONS PROMULGATED BY THE DIRECTOR OF TRANSPORTATION.

DOT PERMIT # : _____ DATE ISSUED: _____ DATE EXPIRES: _____

ADMINISTRATOR OF MOTOR VEHICLES: _____ CLERK: _____ DATE: _____ FEE: _____

**PERMIT NOT VALID UNTIL STAMPED OR SIGNED BY ADMINISTRATOR OF MOTOR VEHICLES OR HIS/HER DESIGNEES.
THIS PERMIT MUST BE CARRIED WITH THE VEHICLE AT ALL TIMES.**

C. Applicant's Certification

I hereby declare under penalties provided by the General Laws of Rhode Island that to the best of my knowledge no alterations have been made to this vehicle which would tend to reduce the said gross vehicle weight rating and that the chassis, axles, tires, rims, brakes, steering components and the suspension systems are maintained in good order. The undersigned hereby certifies that all information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that false statements are punishable by fine, imprisonment or both. This certification does not apply to the information provided in areas under the OWNER AND VEHICLE INFORMATION labeled, "commodities carried," "anticipated hazardous materials carried," and "reason for application."

Personal information contained in your motor vehicle record will be disclosed only if the state has obtained the express consent of the person to who such personal information pertains.

DO YOU CONSENT TO SUCH A DISCLOSURE? YES NO

OWNER'S SIGNATURE

PRINT OR TYPE FULL NAME

→ **ADDITIONAL INFORMATION ON REVERSE SIDE** → *

Reducible Load Permit Application Important Information

All information must be complete or permit will not be issued.

Information on application is for one permitted vehicle only. DO NOT combine tractor and semi-trailers on the same permit.

SPECIAL INSTRUCTIONS

Vehicle Type – enter vehicle type information on reverse side.

TRAILER (1)



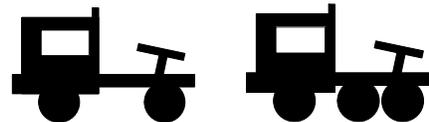
SINGLE UNIT (2)



SEMI-TRAILER (3)



TRACTOR (4)



Body Type – enter body type information on reverse side.

- | | |
|-----------------------------------|-------------------------|
| (1) – Flat bed, platform or stake | (5) – Tank |
| (2) – Van or box | (6) – Concrete mixer |
| (3) – Low-bed | (7) – Garbage or refuse |
| (4) – Dump | (8) – Container |

Axle Spacing – measures distance from center-to-center of axles for permitted vehicle and enter distance on reverse side.

Commodities Carried – enter commodities on reverse side, that you anticipate transporting in this vehicle.

Designate as many as appropriate:

- (1) – Concrete, stone or gravel products
- (2) – Lumber or wood products
- (3) – Petroleum products
- (4) – Metal products
- (5) – Waste and scrap materials

Hazardous Materials Carried – Do you anticipate that hazardous materials will be transported in this vehicle?

Reason for Application – The Motor Vehicle Code (Section 31-25-21) requires that “good cause” be shown when issuing a permit. Please indicate your reason for requesting this permit on reverse side.