Oversized Load Proof of Notification

Company name and address: Contact name: email: Phone number: DoT number: Initial contact date: Date of move (must be at least 2)		FAX:	Driver Mobile #	
Contact name: email: Phone number: Driver name: DOT number: Initial contact date:		FAX:	Driver Mobile #	
email: Phone number: Driver name: DOT number: Initial contact date:		FAX:	Driver Mobile #	
Phone number: Driver name: DOT number: Initial contact date:		FAX:	Driver Mobile #	
Driver name: DOT number: Initial contact date:			Driver Mobile #	
Initial contact date:				
Date of move (must be at least 1	IO days after the i			
Time of move:				
	Log	d Description		
Show all m		inches i.e. 12 feet 6 inches	is shown as 12-6	
Object to be moved:				
Length of load and transport vel				
Height of object as loaded. Mea				
Proposed route description (atta	nch map):			
A The Mover is	not authorized to	manipulate	lines or other inf	rastructuro
		ed to raise or lower po		
<u>∠:</u> \	property	to accommodate the	oversized load.	
A map of Nebraska elect	ric utiltiy boundaries	s is maintained at http://n	prb.gisworkshop.co	om/
This section to be filled out by				
Date notification received:				
Approved by:				
Approved route description/ma	o attached*			
Load requires an esco		Load does representative)	not require an e	escort
Additional requirements/restric	tions			



* Approved route map will bear the signature of representative and must be attached to this document.