

STATE OF MONTANA DEPARTMENT OF TRANSPORTATION

Motor Carrier Services Division

PO Box 4639

Helena MT 59604

406-444-7262 Voice

406-444-0800 Fax

406-444-7670 Fax

Application for Vehicle Analysis

Complete one application for each vehicle combination to be analyzed

Company Name _____
DBA _____
DOT # _____ TIN _____
Address _____
City _____
State _____ Zip Code _____
Telephone _____ Fax _____
Contact Person _____

Type of Combination - Check One

Crane _____
Drill Rig _____
Work Over Rig _____
Heavy Haul Combination _____
Other (Specify) _____

Axle spacing in feet and inches measured from center of axle to center of axle

1 to 2	_____	7 to 8	_____
2 to 3	_____	8 to 9	_____
3 to 4	_____	9 to 10	_____
4 to 5	_____	10 to 11	_____
5 to 6	_____	11 to 12	_____
6 to 7	_____	12 to 13	_____

Additional information: If the vehicle to be analyzed is a fixed unit, specify the axle weights needed on each axle group.