



SUBMISSION DATE: _____

TRUCK LOADS PROGRAM

MUST PROVIDE 48HR NOTICE PRIOR TO CROSSING DATE / TIME
LESS THAN 48HR NOTICE MAY NOT BE ABLE TO BE ACCOMODATED

TRUCK COMPANY NAME: _____ TRUCK # _____

CONTACT PERSON: _____ DRIVER NAME: _____

BILLING ADDRESS: _____

COMPANY TELEPHONE #: _____ COMPANY FAX #: _____

EMAIL ADDRESS: _____

GROSS WEIGHT: _____ (LBS.) OVERALL LENGTH: _____ (FT./IN.)

NUMBER OF AXLES: _____ OVERALL WIDTH: _____ (FT.)

GROUND CLEARANCE: _____ (IN.) OVERALL HEIGHT: _____ (FT/IN.)
(Portion of load over 11')

WIDTH OF TRAILER: _____ (FT./IN.) GROUND CLEARANCE OF TRAILER: _____ (IN.)

IS LOAD: CENTERED or OFF SET

DATE AND TIME OF VEHICLE CROSSING: _____

MUST BE AT LEAST 48HR AFTER SUBMISSION DATE

DIRECTION OF VEHICLE: EASTBOUND TO U.S. WESTBOUND TO CANADA

NEW YORK / ONTARIO PERMITS MUST BE PRESENT AT TIME OF CROSSING

WEIGHT DISPLACEMENT

| PER AXLE (LBS) | AXLE DISTANCE (FT./IN) |
|------------------|--------------------------|
| 1. | 1-2 |
| 2. | 2-3 |
| 3. | 3-4 |
| 4. | 4-5 |
| 5. | 5-6 |
| 6. | 6-7 |
| 7. | 7-8 |
| 8. | 8-9 |
| 9. | 9-10 |
| 10. | 10-11 |
| 11. | 11-12 |
| 12. | 12-13 |
| 13. | |

FAX OR EMAIL COMPLETED FORM 48HRS PRIOR TO CROSSING DATE TO:

OPERATIONS CENTRE

FAX #: (905) 353-6698 CDN OR (716) 205-0698 U.S.

EMAIL: CommServices@niagarafallsbridges.com

QUESTIONS: PLEASE CALL (905) 354-5641 x4161 CDN OR (716) 285-6322 x4161 U.S.
24 HOURS A DAY SEVEN DAYS A WEEK

PLEASE ALLOW A MINIMUM OF THREE (3) HOURS FOR PROCESSING