Clear Form

SPECIAL OVERWEIGHT ANNUAL CAB CARD

TRANSPORTATION PERMIT

BERRIEN COUNTY ROAD COMMISSION

2860 East Napier Avenue – Post Office Box 768 – Benton Harbor, Michigan 49023-0768
Telephone: (800) 442-0734 or (269) 925-1196 – Fax: (269) 925-8098 Web: www.bcroad.org

CONTRACTOR EQUIPMENT LIST (FORM "A" LIST)

TYPE OF EQUIPMENT	MAKE, MODEL, YR.	UNIT NO.	VEHICLE REGISTRATION		DIMENSIONS			
			PLATE NO./STATE	EXP. DATE	WEIGHT	WIDTH	HEIGHT*	LENGTH

*FOR TRAILERS, INDICATE DECK HEIGHT.

TO BE COMPLETED BY APPLICANT		FOR BERRIEN COUNTY ROAD COMMISSION USE ONLY			
FIRM NAME		CONTRACTOR EQUIPMENT LIST FOR PERMIT NO.			
DATE		DECAL NO.'S ISSUED			
PRINT/TYPE NAME AND TITLE		DATE ISSUED			
SIGNATURE		BY		EXPIRATION DATE	
		Daniel F. Gustafson		TITLE	**Weighmaster**