 **Request For Designated Routes Up To 129,000 Pounds** ITD 4886 (Rev. 04-23)

 Idaho Transportation Department [itd.idaho.gov](https://itd.idaho.gov/)

This form is designed to be completed electronically. If completing manually and additional space is needed, continue the narrative on the reverse side. Correspond the number of the section on the front with the continuation on the reverse.

|  |  |
| --- | --- |
| Company Name | Contact Person’s Name |
|       |       |
| Contact Phone Number | Fax Number | E-Mail Address |
|       |       |       |
| Company Address | City | State | Zip Code |
|       |       |    |       |

**State Highway Route(s) Requested**

Vehicles operating on the requested routes cannot exceed the maximum overall length or off-track as shown on the Extra Length/Excess Weight up to 129,000 Pounds map at [http://www.permits4idaho.com](https://permits4idaho.com/Login.aspx). Submit a map with requested route(s) along with this completed form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Highway Number | Beginning Milepost | Ending Milepost |  | Highway Number | Beginning Milepost | Ending Milepost |
|       |       |       |  |       |       |       |
|       |       |       |  |       |       |       |

**Local Route(s) Requested**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Roadway Name(s)  | Beginning Milepost | Ending Milepost | Jurisdiction Name | Date Request Sent |
|       |       |       |       |       |
|       |       |       |       |       |

**Reasons for Request** - Continue on reverse side if necessary, corresponding the number of the section with the continuation.

|  |
| --- |
| 1. Justification |
|       |
| 2. Associated Economic Benefits |
|       |
| 3. Approximate Number of Trips Annually |
|       |
| 4. Commodities Being Transported |
|       |
| 5. Anticipated Start Date to Use Requested Routes        |
| Requestor’s Printed Name | Requestor’s Signature | Date |
|       |  |       |

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| Requestor is required to submit a completed application to ITD (see below) and to city, county, and/or highway district officials where the requested state route (or state route segment) is contiguous to respective jurisdiction(s). |
| Idaho Transportation DepartmentAttn: Chief EngineerPO Box 7129Boise ID 83707-1129 | **or** | Fax: (208) 334-8195Email:officeofthechiefengineer@itd.idaho.gov |

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| --- |
| **ITD Use Only** |
| Hwy Review |  | Proceed | Reject | Date |
| D-1 [ ]  | D-2 [ ]  | D-3 [ ]  | D-4 [ ]  | D-5 [ ]  | D-6 [ ]  | [ ]  | [ ]  |       |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Bridge Review | Proceed | Reject | Date | Chief Engineer | Proceed | Reject | Date | Sub-committee | Proceed | Reject | Date |
| [ ]  | [ ]  |       | [ ]  | [ ]  |       | [ ]  | [ ]  |       |

Cc: Local Highway Technical Assistance Council (LHTAC)