

Oversized Load Proof of Notification

Phone: _____, FAX: _____, email: _____

This section to be filled out by Mover and emailed or faxed to

Company name and address: _____

Contact name: _____

email: _____

Phone number: _____ FAX: _____

Driver name: _____ Driver Mobile # _____

DOT number: _____

Initial contact date: _____

Date of move (must be at least 10 days after the initial contact): _____

Time of move: _____

Load Description

Show all measurements in feet-inches i.e. 12 feet 6 inches is shown as 12-6

Object to be moved: _____

Width: _____

Length of load and transport vehicle combined: _____

Height of object **as loaded**. Measure from ground to highest point: _____

Proposed route description (attach map): _____



The Mover is not authorized to manipulate _____ lines or other infrastructure.
Only _____ staff is authorized to raise or lower power lines or remove other
property to accommodate the oversized load.

A map of Nebraska electric utility boundaries is maintained at <http://nprb.gisworkshop.com/>

This section to be filled out by

Date notification received: _____

Approved by: _____ Title: _____

Approved route description/map attached* _____

_____ Load requires an escort by _____ Load does not require an escort
(Initial by _____ representative)

Additional requirements/restrictions _____



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