

Rhode Island Turnpike and Bridge Authority

P.O. Box 437 Jamestown, RI 02835-0437

Contact: RITBA Administration Office (401) 423-0800

Fax: (401) 423-0830

email: [permits@ritba.org](mailto:permits@ritba.org)

Please submit AT LEAST 2 business days prior to date of crossing

**Application for OVERWIDE Crossing of The Mount Hope Bridge**

Single crossing [ ] Multiple crossing [ ]

Patron: Name \_\_\_\_\_

Address \_\_\_\_\_

Date of desired transit \_\_\_\_\_

Time of desired transit \_\_\_\_\_

Direction: North \_\_\_\_ South \_\_\_\_

ACTUAL WEIGHTS

Truck-Tractor \_\_\_\_\_ lbs. \_\_\_\_\_ tons

Lowboy Trailer \_\_\_\_\_ lbs. \_\_\_\_\_ tons

Load (Basic Unit) \_\_\_\_\_ lbs. \_\_\_\_\_ tons

Other \_\_\_\_\_ lbs. \_\_\_\_\_ tons

Total Weight \_\_\_\_\_ lbs. \_\_\_\_\_ tons

ACTUAL DIMENSIONS

Trailer Width \_\_\_\_\_

Load Width \_\_\_\_\_

Load Description \_\_\_\_\_

Applicant shall (a) be responsible for all personal injuries and damage to the bridge, structures, road surfaces, and control devices arising out of transit under this permit, and (b) carry sufficient liability and property damage insurance to cover any and all claims.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State Permit No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PAYMENT RECEIVED**

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

For The Authority:  
SIGNATURE \_\_\_\_\_

**No Vehicles over  
80,000 allowed.**

**PERMIT APPROVAL**

LOAD WIDTH: \_\_\_\_\_

LOAD WEIGHT: \_\_\_\_\_

TOTAL FEE: \$15.00

ESCORT REQUIRED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

For The Authority:  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL Overweight & Overwide Loads – RIGHT LANE ONLY**  
on bridge and travel through far right lane in toll plaza.

Please contact RITBA operations 30 minutes prior to arrival at (401) 423-0803