



Application for Special Road Crossing Permit



Management Operation Services
Government Unit
225 East State Street
P.O. Box 016
Trenton, NJ 08666
609-292-6500 ext. 5076

SECTION "A"

INITIAL RENEWAL

The undersigned hereby makes application for permission, for operators of the vehicle(s) described in Section "B," to cross a public highway(s), at the location specified in this section.

Applicant _____

Address _____

City _____ State _____ Zip Code _____

Location of Crossing _____

Anticipated Frequency of Crossings _____

Width of Crossing Zone _____

Restrictions _____

Insurance Company _____ Policy Number _____

The undersigned, certifies that, to the best of his knowledge and belief, that all information contained in this application is true and correct, that he is the legal owner of the affected property, or his authorized representative, and that the vehicle described in this permit will not damage the highway or present a hazard to the public traveling along such highway. I have read the regulations controlling the use of Highway Crossing Permits and agree to abide by them. I understand that the operator, permit holder, and the vehicle owner shall be subject to the provisions of the Security Responsibility Law should an accident occur while on a public highway.

Daytime Telephone Number _____ Cell Number _____

Signature of Applicant _____ Date _____

Complete Section "B" (attached), authorizing movement of the vehicles at the specified location in Section "A".

Motor Vehicle Commission Use Only:		
Date Issued:	Expiration Date	Permit Number:



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