Motor Carrier Division
Permit Restriction Application

[Table]

District Number:       District Name:  

New Restriction ☐  Amend Restriction ☐  Cancel Restriction ☐

Highway:                 County:          

From junction:  

To junction:  

Direction(s) affected:  Northbound ☐  Southbound ☐  Eastbound ☐  Westbound ☐

Turns affected:

**Maximum dimensions allowed.** If a dimension is not affected, please put N/A in the space provided. Please enter dimensions in feet and inches DO NOT enter “legal.”

<table>
<thead>
<tr>
<th>Width:</th>
<th>Height:</th>
<th>Overall Length:</th>
<th>Trailer Length:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>No Permits: ☐ Leave other dimensions blank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Do not over restrict your highways; loads with small dimensions might safely travel through the restricted area without any inconvenience to the construction crew and/or the traveling public.

Start date:  ________________  End date:  ________________

Type of work or reason:

Construction: ☐  Maintenance: ☐  Sealcoat: ☐  Safety: (physical limits) ☐  Other: ☐

Comments:

Approved by:  ___________________________  Date:  ________________

Date restriction lifted:  ________________  Approved by:  ___________________________

MCD Mapping Coordinator  phone: 512-302-2166

e-mail:  mcd_permit-restriction-@txdmv.gov

We cannot correctly restrict your roadway unless this form is filled out completely.