



CENTRAL PERMITS

ESCORTS POST-TRIP REPORT

Central Permits	ASSISTANCE	Customer	_____
Docking State Office Building	Phone 785-368-6501	Address	_____
915 SW Harrison Room 150	Fax 785-296-6558	City _____ State _____ Zip _____	
Topeka, Kansas 66612		Phone _____ Fax _____	
Permit # _____		Email _____	

Please describe any problems/restrictions you experienced during the move. For each problem enter how the problem was resolved. If everything went well during the move, indicate so by checking the appropriate box below. Fax/send this form to the Central Permits within 5 days following the end of the move.

Origin:		Starting Date:	
Destination:		Ending Date:	
PROBLEMS		SOLUTIONS	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
<input type="checkbox"/>	Conducted a Pre-trip meeting with all involved in the move (required)	<input type="checkbox"/>	No problems were encountered during the move
<input type="checkbox"/>	The move was made in accordance with all applicable OSOW regulations and the bridge memorandum (required)	<input type="checkbox"/>	Front and rear escorts were provided at all times with the move

SIGNATURES

_____ Escort driver #1 (Person preparing the report)	_____ Certification # (if applicable)	_____ Date
_____ Escort driver #2 (Person verifying the accuracy of the information)	_____ Certification # (if applicable)	_____ Date