# CENTRAL PERMITS

**SUPERLOAD POST-TRIP REPORT**


Central Permits
Docking State Office Building
915 SW Harrison Room 150
Topeka, Kansas 66612

**ASSISTANCE**

Phone 785-368-6501
Fax 785-296-6558


Customer _____
Address _____
City _____ State ____ Zip _____
Phone _____ Fax _____
Email _____

| **Superload Review ID Example ( 2006 – 06496)** | **Superload Permit #: Example: 4020222229** |
|---|---|
| | |

**Please describe any problems/restrictions you experienced during the move. For each problem enter how the problem was resolved.**

| PROBLEMS | SOLUTIONS |
|---|---|
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|---|---|---|---|
| ☐ | Conducted a Pre-trip meeting with all involved in the move (required) | ☐ | No problems were encountered during the move |
| ☐ | The move was made in accordance with the bridge memorandum (required) | ☐ | Front and rear escorts were provided at all times with the move |

## SIGNATURES

**(All escort drivers must become Kansas certified in order to escort superloads)**
**(By signing this form you are declaring you have applied for and have become a Kansas certified Escort approved to escort superloads in Kansas)**

Print Name: _____ Print Name: _____

_____ _____ _____ _____

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

Certification #(If applicable) _____ Certification #(If applicable) _____