

Annual Permit Number (SHP-1):

Form SHP-1L

INSTRUCTIONS: Fill in all items completely for all equipment/loads intended to be used with the transport vehicle listed on each Annual Permit (SHP-1). All equipment/loads must be referenced by a letter in the blank preceding it. Actual weights and dimensions of vehicle and load must be included in each section unless all weights (axle & gross) are legal in accordance with Section 5577.04 Ohio Revised Code. Additions or changes may be made to this form during the duration of the SHP-1 (Annual) permit.

Equipment/Load

Type:

Manufacturer/Make:

Manufacturer Model Number:

All weights, axle & gross, are legal.

Axle No.	AXLE LOADS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Total Gross Weight: _____

Vehicle & Load	Load Only
Dimensions in Feet & Inches	
Length	Length
Height	Height
Width	Width

Approved Subject to the Following Provisions:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Equipment/Load:

Type:

Manufacturer/Make:

Manufacturer Model Number:

All weights, axle & gross, are legal.

Axle No.	AXLE LOADS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Total Gross Weight: _____

Vehicle & Load	Load Only
Dimensions in Feet & Inches	
Length	Length
Height	Height
Width	Width

Approved Subject to the Following Provisions:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Equipment/Load:

Type:

Manufacturer/Make:

Manufacturer Model Number:

All weights, axle & gross, are legal.

Axle No.	AXLE LOADS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Total Gross Weight: _____

Vehicle & Load	Load Only
Dimensions in Feet & Inches	
Length	Length
Height	Height
Width	Width

Approved Subject to the Following Provisions:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12