

New Mexico Route Survey Checklist

Route surveys valid for 10 business days only

All that applies on this checklist must be listed on attached route survey

Who conducted Route Survey? Date of Route Survey? _____ **Permit #** _____

Pilot Car Company Name _____

Contact Name _____

Phone Number _____

New Mexico Certified Escort Co. Yes _____ No _____

Who was route survey conducted for?

Carrier Name and phone number _____

DOT # _____

Truck Info;

License Plate # and State _____, Vin _____, Year _____, Make _____

Description of Load _____

Overall Dimensions of load;

Weight _____

Height _____

Width _____

Overall Length _____

Front Overhang _____

Rear Overhang _____

What height was high pole set at? _____

Check all that apply when /if encountered and MUST be listed on Route Survey

Bridges	___	Road side signs	___	
Overhead wires	___	Counter Flow	___	(Impeding on oncoming traffic or when making turns)
Letters from Utilities	___	Air Suspension	___	(allowing raising or lowering of trailer)
Traffic Lights	___	Steerable Axles	___	
Overhead Signs	___	Railroad Crossing	___	
Delineators	___			
Guard Rails	___			

List Lane in which height survey was conducted on route survey

If road side signs will be removed list who will remove/replace signs on route survey

List Law enforcement agencies that will provide traffic control or escorts when required (NO DISPATCH NUMBERS)

Law Enforcement Agency (s) _____ Railroad Contact _____

Officer Name _____

Phone Numbers _____

Construction Contacts _____

18.19.8.25 PROPERTY DAMAGE AND PERSONAL INJURY: The permittee assumes all responsibility for injury to persons or damage to public or private property, including injury to the driver or damage to the driver's property, or to the object being transported, caused directly or indirectly by the movement of vehicles, or vehicles and objects authorized under the special permit. The permittee agrees to hold the state harmless from all suits, claims, damages or proceedings of any kind, and to indemnify the state for any claim which the state may be required to pay arising from the movement.

I HAVE READ AND AGREE TO THE ABOVE CONDITION.

COMPANY REPRESENTATIVE: _____ Date: _____