Michigan Department
Of Transportation
2455 (04/06)

REQUEST FOR SPECIAL APPROVED MOVEMENT

Clear Form

INSTRUCTIONS: Please complete this form when approving a request for movement through a MDOT highway construction project and/or restrictions on state trunklines.

COMPANY NAME APPROVED FOR MOVEMENT	DATE

OWNER'S NAME	TELEPHONE NUMBER

PERMIT SERVICE

APPLICATION NUMBER (If known)	NUMBER OF MOVES REQUESTED

DATE(S) OF MOVE

CONSTRUCTION BULLETIN NUMBER(S) (If applicable)

SPECIAL MOVEMENT: (Required)
I.E. Daylight only, movement until noon, Saturday or Sunday only, 24/7 movement, night movement, escorts, (including Police) utility coordination, route survey, etc.

REQUESTED BY:

☐ TSC ☐ PROJECT ENGINEER ☐ TRANSPORT PERMIT MANAGER

☐ SHIPPER ☐ OTHER _____

SIGNATURE	DATE