

# Application for Authorization for Farm Equipment on Interstates and Fully Controlled Access Facilities

For Official Use Only:
Date Received: _____
Application No: _____
Date Verified: _____

This application is used to request authorization for farm equipment to legally operate on portions of fully controlled access facilities or on the National System of Interstate and Defense Highways. One application is required for each route requested. Authorization is approved or denied within thirty (30) days of receipt of a complete application. An application is not considered to be complete unless and until the requested route, including origination and destination locations, have been verified to be accurate. See general statute 20-116 (j) for additional information. Contact Lisa Avery at 919-814-4949 if you have any questions.

**A. Type of Request:**

- New authorized route
- Change to an existing authorized route

**B. Equipment Information:**

Maximum equipment width while traveling (folded implements, etc.): \_\_\_\_\_ Feet

Maximum equipment height while traveling (folded implements, etc.): \_\_\_\_\_ Feet

Maximum safe speed of the equipment: \_\_\_\_\_ MPH

Safety items:     Red Flags         Flashing Warning Lights         Both

Type of equipment (description): \_\_\_\_\_

Operation/travel times (each day):    \_\_\_\_:\_\_\_\_ am/pm (start)        \_\_\_\_:\_\_\_\_ am/pm (end)

**C. Requester Information (who is requesting authorization):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_        State: \_\_\_\_\_        Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_        E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_        Date: \_\_\_\_\_

**D. Origination Information (where the farm equipment is traveling from):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company or Owner Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

**E. Destination Information (where the farm equipment is traveling to):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company or Owner Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

**F. Maps:**

All applications must include maps indicating the following:

- Origination Location (within North Carolina, or beginning at the state line)
- Destination Location (within North Carolina, or ending at the state line)
- All routes traveled and all turns made between the origination and destination locations

NOTE – all maps must be submitted on letter size (8.5" x 11") paper, must be of a scale sufficient to indicate roads, streets, and turns, must be legible, and must have the route highlighted on them. Also, please submit any additional documentation that may assist in clarifying the route indicated on the maps.

