

# Application for Reasonable Access for STAA-Dimensioned Vehicles

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

This application is used to request reasonable access for STAA-dimensioned vehicles to legally operate beyond the statutory limits of the North Carolina National Truck Network. One application is required for each reasonable access route requested. Reasonable access is granted or denied within ninety (90) days of receipt of a fully completed application. An application is not considered to be fully complete unless and until (1) the requested route, including terminal locations, have been verified to be accurate, and (2) the cost of public notices has been paid in full. See general statute 20-115.1 and administrative code 19A:02E.0426 for additional information. Contact Daniell Bagley or Catherine Bryant at 919-814-5000 if you have any questions.

**A. Type of Request:**

- New access route
- Change to an existing access route

**B. Type of STAA Access Requested (please check ALL that apply):**

- 53'-Long Semi-Trailers (note type:  Box  Flatbed  Other)
- Twins (semitrailer and trailer)
- Loads wider than 102 inches (8.5 feet)
- Trailers wider than 96 inches (8 feet) but less than or equal to 102 inches (8.5 feet)
- Trailers wider than 102 inches (8.5 feet)
- Divisible Load (may be separated into smaller loads or vehicles)

**C. Requester Information (who is requesting reasonable access):**

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

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

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

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

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

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

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

**D. Origination Information (where the STAA-dimensioned vehicle is traveling from):**

*The origination may not be an individual street address but may be an intersection or interchange with an existing STAA designated route or National Truck Network route.*

Street Address or Intersection: \_\_\_\_\_

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

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

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

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

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

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

**E. Destination Information (where the STAA-dimensioned vehicle is traveling to):**

*The destination may not be an individual street address but may be an intersection or interchange with an existing STAA designated route or National Truck Network route.*

Street Address or Intersection: \_\_\_\_\_

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.

