



SUBMISSION DATE: _____

NFBC CROSSING REF#: _____
NFBC Office use only

TRUCK LOADS PROGRAM

TRUCK COMPANY NAME: _____

TRUCK # _____ DRIVER NAME: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____ EMAIL ADDRESS: _____

COMPANY TELEPHONE: _____ COMPANY FAX: _____

GROSS WEIGHT (LBS.): _____ OVERALL LENGTH (FT/IN.): _____

NUMBER OF AXLES: _____ OVERALL WIDTH (FT/IN.): _____

GROUND CLEARANCE: _____ OVERALL HEIGHT (FT/IN.): _____

LOAD: CENTERED OFF SET AXLES: FIXED STEERABLE

NEW YORK / ONTARIO PERMITS MUST BE SUBMITTED PRIOR TO CROSSING AND PRESENT AT TIME OF CROSSING

NYS DOT PERMIT OBTAINED: YES NO N/A MTO PERMIT OBTAINED: YES NO N/A

DIRECTION OF VEHICLE: Eastbound to U.S. Westbound to Canada

DATE & TIME OF VEHICLE CROSSING: _____

(48Hr After Submission Date)

WEIGHT DISPLACEMENT (Loads over 130,000lbs. only)

NFBC CROSSING INSTRUCTIONS (OFFICE USE ONLY)

PER AXLE	(LBS.)	AXLE DISTANCE	(FT./IN.)
1.		1-2	
2.		2-3	
3.		3-4	
4.		4-5	
5.		5-6	
6.		6-7	
7.		7-8	
8.		8-9	
9.		9-10	
10.		10-11	
11.		11-12	
12.		12-13	
13.			

SEND COMPLETED FORM 48 HOURS PRIOR TO CROSSING DATE TO:

FAX: (905) 353-6698 CDN / (716) 205-0698 U.S.

EMAIL: CommServices@niagarafallsbridges.com

☎ QUESTIONS? CALL (905) 354-5641 x4161 CDN / (716) 285-6322 x4161 U.S.

PLEASE ALLOW A MINIMUM OF THREE (3) HOURS FOR PROCESSING