



Rhode Island Department of Transportation
Division of Infrastructure Development
Bridge Engineering Section

STANDARD OPERATING PROCEDURE

SOP NO. 4.3.07

Manufacturer Gross Vehicle Weight Rating Certification for Annual Divisible Load Permits Form

Date: 12/24/20

Provide this form to a manufacturer or a representative of the manufacturer such as a dealership to provide certification of the Gross Vehicle Weight Rating (GVWR) of the vehicle as well as axle weight ratings and other incidental information for a Rhode Island ADL Permit.

VIN #: _____ Make: _____ Model: _____ Year: _____

Axle Load Ratings (lbs):
Axle 1: _____ Axle 2: _____ Axle 3: _____ Axle 4: _____ Axle 5: _____

Axle Spacings (in):
Axle 1-2: _____ Axle 2-3: _____ Axle 3-4: _____ Axle 4-5: _____ Total Axle Spacing Front to Rear (in): _____

GVWR as certified by the manufacturer or representative at the time of manufacturer (lbs): _____

Check one: Based on then current data sheets. Based on applicable US DOT standards (FMVSS)

Manufacturer's Name: _____ Manufacturer's Address: _____

Representative's Name if applicable: _____ Representative's Address if applicable: _____

Person making certification: _____ Contact phone number: _____

Signature of certifier: _____ Date: _____

I hereby declare under penalties provided by the General Laws of Rhode Island that to the best of my knowledge no alterations have been made to this vehicle which could reduce the certified gross vehicle weight rating and that the chassis, axles, tires, rims, brakes, steering components and the suspension systems are maintained in good order. The undersigned hereby certifies that all information contained in this application is true and correct to the best of my knowledge. I acknowledge that false statements are punishable by fine, imprisonment or both.

Name of Owner/Applicant: _____ Contact phone number: _____

Signature of Owner/Applicant: _____ Date: _____