



# DECLARATION FORM 735-9929

## IN THE OREGON DEPARTMENT OF TRANSPORTATION COMMERCE AND COMPLIANCE DIVISION

I, the undersigned, representing \_\_\_\_\_ (hereinafter "Carrier"),  
LIST CARRIER NAME  
 swear to the following:

Carrier has established account number \_\_\_\_\_ with CCD and has  
LIST CCD ACCOUNT NUMBER

occasion to transport loads that exceed the maximum allowable height over Oregon highways.

I am authorized to execute this declaration on behalf of Carrier and to legally bind Carrier to the terms of this declaration.

In lieu of meeting the height pole requirement found on **ATTACHMENT 75-A**, I hereby swear that:

Carrier agrees it is responsible and liable for any and all injury to persons or damage to property and all damage to or destruction of any highway or any highway structure resulting from an overheight movement under this permit, whether or not the movement occurs over routes suggested by the Department.

In making this declaration I specifically acknowledge the language in the 75-A permit attachment and the administrative rule OAR 734-075-0085(4) that describes that Carrier is responsible and liable for any and all injury to persons or damage to property and all damage to or destruction of any highway or any highway structure resulting from the oversize or overweight movement, and that Carrier is solely responsible for determining adequate clearance, both vertical and horizontal, for movement under this permit.

This declaration must be signed by the individual owner, a partner, a corporate officer, a partner in a LLP, a manager/member of the LLC, or agent. Note to agent: Include your title when signing and attach a power of attorney form.

|  |           |      |
|--|-----------|------|
| PRINTED NAME   | SIGNATURE | DATE |
| TITLE (CHECK APPROPRIATE BOX)  |           |      |
| <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> PARTNER IN LLP <input type="checkbox"/> MANAGER/MEMBER OF LLC<br><input type="checkbox"/> AGENT(ATTACH POWER OF ATTORNEY) <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ |           |      |