



SUPERLOAD LAW ENFORCEMENT ESCORT REQUEST

Use this form to request for the ALEA Department of Public Safety to provide a law enforcement escort during an Alabama Department of Transportation-permitted superload event. Complete all sections and submit per online instructions (www.alea.gov/superload).

Request Information

| | | | |
|-------------------------------|--|---------------------|--|
| ALDOT Reference Number | | Request Date | |
|-------------------------------|--|---------------------|--|

Requesting Company Information

| | | | |
|---------------------------------|---------|--------------------|----------|
| Company Name | | | |
| Company Billing Address | Address | | |
| | City | State | Zip Code |
| Company Phone | | Company Fax | |
| Company Point of Contact | Name | POC Email | |

Escort Event Information

| | | | |
|--|--|--|--|
| Date of Escort | | Time of Escort | |
| Location of Escort Starting Point | Street, Address, or Highway; City, State, State Line; County | | |
| Location of Escort Destination | Street, Address, or Highway; City, State, State Line; County | | |
| Approximate Distance from Starting Point to Destination | | Number of Troopers Requested for Escort | |

Commercial Driver Information

| | | | |
|--------------------------|--|-----------------------|--|
| Driver Name | | Driver Cell | |
| Alternate Contact | | Alternate Cell | |

ALEA USE ONLY

| Assigned Trooper Name | Troop | Time of Deployment to Escort Starting Point (Specify AM/PM) | Time Escort Destination Reached (Specify AM/PM) | Total Hours | Total Mileage Accrued from Deployment to Destination | Signature of Assigned Trooper <i>Certifying entries made hereon are true/accurate</i> |
|-----------------------|-------|---|---|-------------|--|--|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | A | B | |

| |
|-----------------------------|
| Applicable Mileage Rate (C) |
| \$ _____ per mile |

| Cost Calculation | | | |
|-------------------------|------------|---------------|-----------|
| | From Above | Per Unit Rate | Total Due |
| Number of Hours | A | x \$50.00 | |
| Number of Miles | B | C x \$ _____ | |
| Total Amount Due | | | |

Per the attached application submitted for Superload Law Enforcement Escort(s) on the above referenced date, payment is due to ALEA for said services provided as detailed above. Please remit payment for the total amount due hereunder within 30 days of the receipt of this invoice. Payment shall be submitted to ALEA Accounting in accordance with online instructions (www.alea.gov/superload).