

ALABAMA LAW ENFORCEMENT AGENCY/DPS Highway Patrol

SUPERLOAD LAW ENFORCEMENT ESCORT REQUEST



This form is to be used to request a law enforcement escort from ALEA Department of Public Safety/Highway Patrol Division during a superload event that is permitted by the Alabama Department of Transportation. All sections must be completed in full and submitted per online instructions ([www.alea.gov/superload](http://www.alea.gov/superload)).

Request Information					
ALDOT Reference Number				Request Date	
Requesting Company Information					
Company Name					
Company Billing Address		Address		Billing Email	
		City		State	
Company Phone				Company Fax	
Company Point of Contact		Name		POC Email	
Escort Event Information					
Date of Escort		Time of Escort		County	
Location of Escort- Starting Point		Street, Address, or Highway; City, State, State Line			
Location of Escort- Destination		Street, Address, or Highway; City, State, State Line; County			
Distance- Start Pt. to Destination (approx.)				Number of Troopers Requested	
Superload Dimensions:		Height		Width	
				Length	
Commercial Driver Information					
Driver Name				Alternate Cell	
Alternate Contact/Name				Driver Cell	

ALEA USE ONLY					
Assigned Trooper Name	Total Hours	Total Mileage Accrued from Deployment to Destination	Assigned Trooper Name	Total Hours	Total Mileage Accrued from Deployment to Destination

This form must be completed and submitted via e-mail to [ALEA-Superload@alea.gov](mailto:ALEA-Superload@alea.gov) before any escorts will be scheduled.

Payment for the escort is governed by [Ala. Admin. Code r. 760-X-2-.04](#) . Your signature below acknowledges that ALEA notified you of the requirements to pay invoices within **30 days of invoice receipt**.

Please allow **10-14 days** for ALEA to send an invoice to the Vendor. Failure to remit payment within **30 days of invoice receipt** will result in a collections action by the State of Alabama and denial of future law enforcement escorts.

If you have any questions regarding payments, please contact the Accounts Receivable Manager at [ALEA-Accounts-Receiveable@alea.gov](mailto:ALEA-Accounts-Receiveable@alea.gov), or call (334) 517-2944.

Signature of Authorized Corporate Officer	_____	Date	_____
Printed Name	_____		
Title	_____		