



MISSOURI DEPARTMENT OF TRANSPORTATION

BRIDGE CLEARANCE REPORT

Route _____	County _____	Date _____
Contract ID _____	Clearance is over Route _____	
	Date Open to Traffic _____	
Bridge No. _____	Old Bridge No. (if applicable) _____	
Contact Person _____	Phone _____	

Note: This form should be submitted by email to the mail group **BridgeClearanceReport** when any changes are made to a bridge vertical clearance (increase or decrease) over a roadway.
Examples include: bridge replacement, bridge re-habilitation, sign added to bridge, roadway overlay under a bridge, etc.

See EPG 760.4 for further instructions on taking vertical clearance measurements.

Current Posted Vertical Clearance _____	Actual Vertical Clearance _____	Lane Direction _____
Current Posted Vertical Clearance _____	Actual Vertical Clearance _____	Lane Direction _____
Current Posted Vertical Clearance _____	Actual Vertical Clearance _____	Lane Direction _____
Current Posted Vertical Clearance _____	Actual Vertical Clearance _____	Lane Direction _____

Comments:

Electronic Distribution: Motor Carrier Services (to **BridgeClearanceReport** group)
District Bridge Engineer
District Traffic Engineer
eProjects