



Return the completed form with attachments to the below address or send via email to nhtrails@dncr.nh.gov

Department of Natural and Cultural Resources
Division of Parks and Recreation
Bureau of Trails
172 Pembroke Rd
Concord, NH 03301

OHRV (wheeled) & SNOWMOBILE
APPLICATION for a CROSSING/CONNECTOR PERMIT
(for State highways other than Limited Access Highways)

Note: At least one detailed map MUST be included with each application (1 Topo + 1 Aerial preferred).
Color location photos are optional but preferred with each application (8"/10" on regular paper or emailed).
All distances must be accurately measured. DO NOT ESTIMATE.

Please PRINT all information below:

Applicant/Club name: _____ Date: ___/___/___

Club Town: _____ Trail Administrator: _____

Phone Number: _____ Email Address: _____

Check only one: OHRV ___ Snowmobile ___

Check only one: Highway Crossing ___ Bridge Crossing ___ On-Highway Connector ___ Off-Highway Connector ___

Corridor Trail # and/or Trail Name: _____

State Highway Route Number or Name: _____

Town: _____ County: _____

Location of Crossing/Connector: _____

If CROSSING, estimated number of crossings per normal week: _____

If CONNECTOR, distance within Highway Right of Way (ROW) in feet or tenths of miles: _____ (include units)

Approximate GPS point of center of CONNECTOR or one side of CROSSING: _____

Detailed Description of Crossing/Connector: _____ feet or _____ mile(s). CHECK ONE: N S E W
of the junction of Route _____ or _____ Town Line or (Other Landmark)
_____ and _____ feet N S E W of Utility Pole # _____.

Additional Descriptive Comments (if you are applying for a previously rejected crossing/connector describe why the
application NOW appears to meet the required standards):

Landowner(s) – be specific, indicate their location on the map you supply. Do not use Tax Map Information such as Lot #,
etc. It is of no use in this application.

_____, Date: ___/___/___
Signed under penalty of perjury
Trail Administrator signature or Trails Bureau District Supervisor

To be completed by Trails Bureau:

DOT District #: _____
Date TB Received from Club: ___/___/___

_____, Date: ___/___/___
Bureau of Trails Chief
This is to certify landowner permission has been acquired by the Club Trail Administrator.
Certification by the Trail Administrator is on file at the Trails Bureau, Division of Parks and Recreation.

See DOT's Declaratory ruling 2016-01 and 2017-
for OHRV Crossing & Connector Policy.

See DOT's 1973 Memorandum for OHRV
crossings which include snowmobiles.