

Permit Application

Applicant Co:			DO	Γ#:	Dat	e:	
Contact:	Phone (mandatory):				Email:		
Federal ID #							
Permit Type:	_Oversize	_Overweight	Both Applic	cant Load/Pr	O # (mandatory):		
Start St Address:				_City:	s	t:Zip:	
Dest St Address:				City:	S	t:Zip:	
		Make:			St:		
		Trlr Dmsn:		Make:	Lic: _		_St:
Description of Lo	ad:				No. Pieces:	Trlr Type: _	
Machinery Make	!	Model:		SN(s):			
Load Height: _ Load Width: _ Load Length: _	ftin.	Total Height: _ Total Width: _ Total Length: _	ftin.	End	ng Rear:ft <u>How Is It Loade</u> -to-EndSingle ckedSide-b	<u>d</u> Item	
Axle Weight of E	Each Axle – <u>And</u>	Spacing To Next Ax	le/Center-to-C	enter			
4)lbs.	ftin.	2)l 5)l 8)l	bsft	_in. 6)_	lbsfl lbsfl lbs.	<u> </u>	
State Date Ente		States of Travel, Ro By Highway/Street	ute by Highway	, and Start [Pate for <u>EACH</u> State		
	<u> </u>						