

Permit Application

Applicant Co:		DOT #:	Date:	
Contact:	Phone (mandatory):		Email:	
Federal ID #				
Permit Type:Oversize	OverweightBoth	Applicant Load/Pro #	f (mandatory):	
Start St Address:		City:	St:Zip:	
Dest St Address:				
Trct #:Trct Year: Trct SN (17 digits):			_St:	
Trir #:Trir Year: Trir SN:			Lic:	St:
Description of Load:			No. Pieces: Trlr Type	:
Machinery Make:				
Load Height:ftin. Load Width:ftin. Load Length:ftin. *Axle Weight of Each Axle – And S	Total Height:ft Total Width:ft Total Length:ft Spacing To Next Axle/Cen	inEnd-to inStacke	Rear:ftin. How Is It Loaded P-EndSingle Item dSide-by-Side	
1)lbsftin.	2)lbs	_ftin. 3)	lbsftin.	
4)lbsftin.	5)lbs	_ftin. 6)	lbsftin.	
7)lbsftin.	8)lbs	_ftin. 9)	lbs.	
State Date Entered Route – B	tates of Travel, Route by by Highway/Street	Highway, and Start Dat	e for <u>EACH</u> State	
				
				
				