

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
OVERSIZED / OVERWEIGHT PERMIT APPLICATION FORM**

Phone: (850) 410-5777, Email: [permits.inquiry@dot.state.fl.us](mailto:permits.inquiry@dot.state.fl.us), Webpage: <https://www.fdot.gov/maintenance/owodpermits.shtm>

**OFFICE USE ONLY** - Do not write anything in this space.  
 SUBMISSION TYPE:  Walk-In  Email  Online  Mail  
 TECH INITIALS: \_\_\_\_\_ / \_\_\_\_\_  
 APPLICATION RECEIVED DATE: \_\_\_\_\_  
 PAS Application #: \_\_\_\_\_

**PERMITTEE INFORMATION** - Please provide information requested below.  
 PERMITEE NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**INVOICEE INFORMATION** – If invoice is same as permittee, then this section can be skipped.  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_

**GENERAL PERMIT INFORMATION** - Please select type of permit needed and quantity. Trip permits require a separate application for each load.  
 BLANKET (1 year)  ROUTE SPECIFIC BLANKET (3 months)  TRIP (10 days)  VEHICLE SPECIFIC BLANKET (1 year) # OF PERMITS: \_\_\_\_\_  
 TRAVEL BEGIN DATE: \_\_\_\_\_ WILL THERE BE NIGHTTIME/CONTINUOUS TRAVEL?   
 (note: these requests require a Letter of Essentiality w/ the application)

**VEHICLE CONFIGURATION** - Select the configuration which applies and describe the load as needed.  
 TRUCK TRACTOR SEMITRAILER HAULING: \_\_\_\_\_ Is this a Divisible Load?..... Yes  No  
 DROMEDARY BOX  
 SADDLEMOUNT  
 TRUCK TRACTOR WITH > 48(+)' – 57' SEMITRAILER WITH KINGPIN SETTING > 41'.  
 STRAIGHT TRUCK TOWING OR TOWING A TRAILER CARRYING: \_\_\_\_\_  
 STRAIGHT TRUCK HAULING: \_\_\_\_\_  
 MOBILE HOME OR MOBILE HOME FRAME - MAKE: \_\_\_\_\_ SERIAL NUMBER (LAST 4 DIGITS): \_\_\_\_\_  
 SEALED CONTAINER OR FLATRACK - SEAL NUMBER (LAST 4 DIGITS): \_\_\_\_\_  
 WRECKER TOWING A DISABLED VEHICLE.  
 SELF PROPELLED: \_\_\_\_\_  
 INNERBRIDGE  
 AUTOMOBILE TRANSPORTER  
 FLUID MILK PRODUCTS  
 TANDEM TRAILERS  
 EVERGLADES AGRICULTURAL AREA TANDEMS

**IDENTITY OF LOAD** - Please select type of identity and provide number.  
 TRUCK OR TRAILER TAG #  LOAD ID #  TRAILER OR TRUCK UNIT #  BILL OF LADING #  VIN # ON EQUIPMENT  
 NUMBER: \_\_\_\_\_

**DIMENSIONS** - Please provide all dimensions for the loaded vehicle configuration.  
 OVERALL HEIGHT: \_\_\_\_\_ Ft. \_\_\_\_\_ In. TRAILER LENGTH: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 OVERALL WIDTH: \_\_\_\_\_ Ft. \_\_\_\_\_ In. KINGPIN SETTING: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 OVERALL LENGTH: \_\_\_\_\_ Ft. \_\_\_\_\_ In. FRONT OVERHANG: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 REAR OVERHANG: \_\_\_\_\_ Ft. \_\_\_\_\_ In.

**AXLE INFORMATION** – see page 2  
 Is this vehicle legal weight as per [Florida Statute \(F.S.\) 316.535](#):  YES (skip page 2)  NO (provide axle information on page 2)

**ROUTING INFORMATION** - To be completed only for a Trip permit or Route Specific Blanket permit  
 FROM (CITY): \_\_\_\_\_ TO (CITY): \_\_\_\_\_  
 ROUTE: \_\_\_\_\_  
 \_\_\_\_\_ (RETURN TRIP? )

**PAYMENT METHOD** - Please select one of the following payment methods. DO NOT provide credit card information on this application.  
 CHECK  MONEY ORDER  CASH  CREDIT/DEBIT CARD  FOR PRE-APPROVAL ONLY (NOT ORDERING PERMIT)

**AXLE CONFIGURATION** - The following must be completed for overweight vehicles.

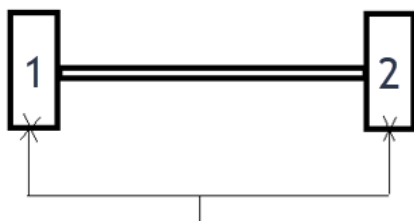
TOTAL OUTERBRIDGE (sum of axle spacings): \_\_\_\_\_ Ft. \_\_\_\_\_ In. TOTAL GROSS WEIGHT: \_\_\_\_\_ Lbs. TOTAL # OF AXLES: \_\_\_\_\_

AXLE WEIGHTS	AXLE SPACINGS	TIRE INFORMATION – Only complete for self-propelled loads or loads with axles greater than 30,000 lbs.	
Axle 1: _____ Lbs.	1 to 2: _____ Ft. _____ In.	# OF TIRES PER AXLE	SINGLE TIRE WIDTH
Axle 2: _____ Lbs.	2 to 3: _____ Ft. _____ In.	Axle 1: _____	_____ In.
Axle 3: _____ Lbs.	3 to 4: _____ Ft. _____ In.	Axle 2: _____	_____ In.
Axle 4: _____ Lbs.	4 to 5: _____ Ft. _____ In.	Axle 3: _____	_____ In.
Axle 5: _____ Lbs.	5 to 6: _____ Ft. _____ In.	Axle 4: _____	_____ In.
Axle 6: _____ Lbs.	6 to 7: _____ Ft. _____ In.	Axle 5: _____	_____ In.
Axle 7: _____ Lbs.	7 to 8: _____ Ft. _____ In.	Axle 6: _____	_____ In.
Axle 8: _____ Lbs.	8 to 9: _____ Ft. _____ In.	Axle 7: _____	_____ In.
Axle 9: _____ Lbs.	9 to 10: _____ Ft. _____ In.	Axle 8: _____	_____ In.
Axle 10: _____ Lbs.	10 to 11: _____ Ft. _____ In.	Axle 9: _____	_____ In.
Axle 11: _____ Lbs.	11 to 12: _____ Ft. _____ In.	Axle 10: _____	_____ In.
Axle 12: _____ Lbs.	12 to 13: _____ Ft. _____ In.	Axle 11: _____	_____ In.
Axle 13: _____ Lbs.	13 to 14: _____ Ft. _____ In.	Axle 12: _____	_____ In.
Axle 14: _____ Lbs.	14 to 15: _____ Ft. _____ In.	Axle 13: _____	_____ In.
Axle 15: _____ Lbs.	15 to 16: _____ Ft. _____ In.	Axle 14: _____	_____ In.
Axle 16: _____ Lbs.	16 to 17: _____ Ft. _____ In.	Axle 15: _____	_____ In.
Axle 17: _____ Lbs.	17 to 18: _____ Ft. _____ In.	Axle 16: _____	_____ In.
Axle 18: _____ Lbs.	18 to 19: _____ Ft. _____ In.	Axle 17: _____	_____ In.
Axle 19: _____ Lbs.	19 to 20: _____ Ft. _____ In.	Axle 18: _____	_____ In.
Axle 20: _____ Lbs.	20 to 21: _____ Ft. _____ In.	Axle 19: _____	_____ In.
Axle 21: _____ Lbs.	21 to 22: _____ Ft. _____ In.	Axle 20: _____	_____ In.
Axle 22: _____ Lbs.		Axle 21: _____	_____ In.
		Axle 22: _____	_____ In.

**TRANSVERSE AXLE SPACINGS** – Only complete this section when there will be Dual Lane Loading or when any axle exceeds 30,000 lbs.

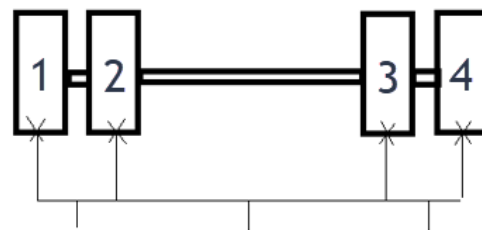
**2 TIRE AXLES:**

1 to 2: \_\_\_\_\_ Ft. \_\_\_\_\_ In.



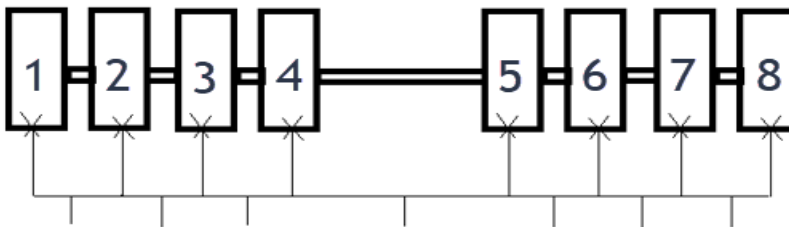
**4 TIRE AXLES:**

1 to 2: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 2 to 3: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 3 to 4: \_\_\_\_\_ Ft. \_\_\_\_\_ In.



**8 TIRE AXLES:**

1 to 2: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 2 to 3: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 3 to 4: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 4 to 5: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 5 to 6: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 6 to 7: \_\_\_\_\_ Ft. \_\_\_\_\_ In.  
 7 to 8: \_\_\_\_\_ Ft. \_\_\_\_\_ In.



*Note: The State Permit does not approve passage over locally owned structures. It is the haulers responsibility to obtain approval from local authorities to utilize and cross structures on local/county roadways. As per [F.A.C. 14-26](#), it is the haulers responsibility to verify all horizontal (length and width) and vertical (height) clearances prior to movement.*

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_