

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

Phone: (850) 410-5777, Email: 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.		# OF TIRES PER AXLE	SINGLE TIRE WIDTH
Axle 2: _____ Lbs.	1 to 2: _____ Ft. _____ In.	Axle 1: _____	_____ In.
Axle 3: _____ Lbs.	2 to 3: _____ Ft. _____ In.	Axle 2: _____	_____ In.
Axle 4: _____ Lbs.	3 to 4: _____ Ft. _____ In.	Axle 3: _____	_____ In.
Axle 5: _____ Lbs.	4 to 5: _____ Ft. _____ In.	Axle 4: _____	_____ In.
Axle 6: _____ Lbs.	5 to 6: _____ Ft. _____ In.	Axle 5: _____	_____ In.
Axle 7: _____ Lbs.	6 to 7: _____ Ft. _____ In.	Axle 6: _____	_____ In.
Axle 8: _____ Lbs.	7 to 8: _____ Ft. _____ In.	Axle 7: _____	_____ In.
Axle 9: _____ Lbs.	8 to 9: _____ Ft. _____ In.	Axle 8: _____	_____ In.
Axle 10: _____ Lbs.	9 to 10: _____ Ft. _____ In.	Axle 9: _____	_____ In.
Axle 11: _____ Lbs.	10 to 11: _____ Ft. _____ In.	Axle 10: _____	_____ In.
Axle 12: _____ Lbs.	11 to 12: _____ Ft. _____ In.	Axle 11: _____	_____ In.
Axle 13: _____ Lbs.	12 to 13: _____ Ft. _____ In.	Axle 12: _____	_____ In.
Axle 14: _____ Lbs.	13 to 14: _____ Ft. _____ In.	Axle 13: _____	_____ In.
Axle 15: _____ Lbs.	14 to 15: _____ Ft. _____ In.	Axle 14: _____	_____ In.
Axle 16: _____ Lbs.	15 to 16: _____ Ft. _____ In.	Axle 15: _____	_____ In.
Axle 17: _____ Lbs.	16 to 17: _____ Ft. _____ In.	Axle 16: _____	_____ In.
Axle 18: _____ Lbs.	17 to 18: _____ Ft. _____ In.	Axle 17: _____	_____ In.
Axle 19: _____ Lbs.	18 to 19: _____ Ft. _____ In.	Axle 18: _____	_____ In.
Axle 20: _____ Lbs.	19 to 20: _____ Ft. _____ In.	Axle 19: _____	_____ In.
Axle 21: _____ Lbs.	20 to 21: _____ Ft. _____ In.	Axle 20: _____	_____ In.
Axle 22: _____ Lbs.	21 to 22: _____ Ft. _____ In.	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.

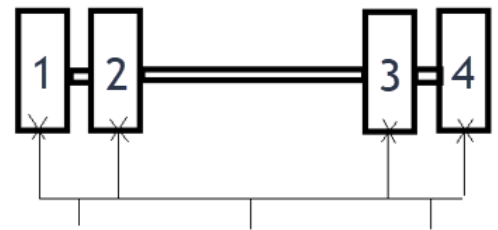
2 TIRE AXLES:

1 to 2: _____ Ft. _____ In.



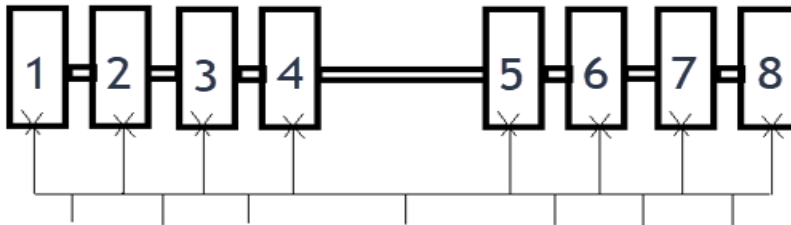
4 TIRE AXLES:

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: _____