OVERSIZED / OVERWEIGHT PERMIT APPLICATION FORM

APPLICATION INFORMATION - Please select type of permit needed and quantity. Trip permits require a separate application for each load.
____ TRIP (single load, valid for 10 days, specific route) _______ BLANKET (specific vehicle configuration, valid for 1 year) QUANTITY _______

CONTACT INFORMATION - Please provide information requested below.
PERMITTEE NAME: __________________________________________ PHONE NUMBER: (_____) ______ - ________
INVOCIE NAME: __________________________________________ FAX NUMBER: (_____) ______ - ________
MAILING ADDRESS: __________________________________________ EMAIL ADDRESS: __________________________
CITY, STATE, ZIP: __________________________ Travel Begin Date: __________________________

PAYMENT METHOD - Please select one of the following payment methods.
____ CHECK ______ CASH _______ MONEY ORDER ______ CREDIT CARD ______

ROUTING INFORMATION - To be completed only for a trip permit
FROM (CITY): ____________________________________________ TO (CITY): __________________________________
ROUTE: _____________________________________________________________________________________________
RETURN TRIP NEEDED _________________________________________________________________________________

VEHICLE CONFIGURATION - Select the configuration which applies and describe the load as needed.
Is this a Divisible Load?
____ TRUCK TRACTOR SEMITRAILER HAULING: ____________________________ ____________________________
____ TRUCK TRACTOR WITH 48{(+)’} - 53’ SEMITRAILER WITH KINGPIN SETTING > 41’. ____________________________
____ TRUCK TRACTOR WITH SEMITRAILER OVER 53‘ BUT NOT GREATER THAN 57’6”. ____________________________
____ STRAIGHT TRUCK TOWING OR TOWING A TRAILER CARRYING: ____________________________
____ STRAIGHT TRUCK HAULING: ____________________________
____ MOBILE HOME - MAKE: __________________________________ SERIAL NUMBER (LAST 4 DIGITS): ____________
____ SEALED CONTAINERIZED CARGO UNIT - SEAL NUMBER (LAST 4 DIGITS): __________________________
____ WRECKER TOWING A DISABLED VEHICLE. __________________________
____ SELF PROPELLED: ________________________________________________________________
____ INNERBRIDGE __________________________
____ NATURAL GAS FUELED VEHICLES __________________________
____ AUTOMOBILE TRANSPORTER __________________________
____ TURNPIKE TANDEM: COMPANY ID: ____________________ CERTIFICATION #: _________________________

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: __________________________

TRUCK DIMENSIONS - Please provide all vehicle dimensions.
OVERALL HEIGHT: _______ ft _______ in
OVERALL WIDTH: _______ ft _______ in
OVERALL LENGTH: _______ ft _______ in
TRAILER LENGTH: _______ ft _______ in
KINGPIN SETTING: _______ ft _______ in
FRONT OVERHANG: _______ ft _______ in
REAR OVERHANG: _______ ft _______ in

TRUCK CONFIGURATION - The following must be completed for overweight vehicles or marked as legal when axle/gross weight is legal. Attach additional pages as needed.

AXLE SPACINGS
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
8 to 9: _______ ft _______ in
9 to 10: _______ ft _______ in
10 to 11: _______ ft _______ in
11 to 12: _______ ft _______ in
12 to 13: _______ ft _______ in
13 to 14: _______ ft _______ in
14 to 15: _______ ft _______ in

AXLE WEIGHTS
Axle 1: _______ lbs
Axle 2: _______ lbs
Axle 3: _______ lbs
Axle 4: _______ lbs
Axle 5: _______ lbs
Axle 6: _______ lbs
Axle 7: _______ lbs
Axle 8: _______ lbs
Axle 9: _______ lbs
Axle 10: _______ lbs
Axle 11: _______ lbs
Axle 12: _______ lbs
Axle 13: _______ lbs
Axle 14: _______ lbs
Axle 15: _______ lbs

# OF TIRES PER AXLE TIRE WIDTH
1. _______ _______ in
2. _______ _______ in
3. _______ _______ in
4. _______ _______ in
5. _______ _______ in
6. _______ _______ in
7. _______ _______ in
8. _______ _______ in
9. _______ _______ in
10. _______ _______ in
11. _______ _______ in
12. _______ _______ in
13. _______ _______ in
14. _______ _______ in
15. _______ _______ in

TOTAL # OF AXLES: _______ 
TOTAL OUTERBRIDGE: _______ ft _______ in
TOTAL GROSS WEIGHT: _______ lbs

OFFICE USE ONLY - Do not write anything in this space.
CLASS: _______ S _______ N _______ E _______
DIMENSION CODE: __________________________
MIN O.B. REQUIRED: __________________________
PERMIT FEE: __________________________
TECH INITIALS: __________________________
AXLE CODE: __________________________
SPECIAL NOTES: __________________________