# PERMIT APPLICATION FOR MOVEMENT OF OVERWEIGHT / OVERSIZED VEHICLES

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** FORM MUST BE COMPLETED IN FULL **

**For Office Use Only:**
**Received Authorization:**

## COMPANY/APPLICANT INFORMATION

**COMPANY NAME:** _____

**COMPANY ADDRESS:** _____

**CITY/STATE/ZIP:** _____

**COMPANY PHONE #:** _____ **COMPANY FAX #:** _____

**APPLICANT NAME:** _____ **TITLE:** _____

## TYPE OF PERMIT AND VEHICLE INFORMATION

**TYPE OF PERMIT:** [ ] OVERWEIGHT [ ] OVERSIZE [ ] OVERWEIGHT & OVERSIZE

**DURATION:** [ ] SINGLE TRIP (7 DAYS) [ ] ROUND TRIP (14 DAYS) [ ] MULTI-ROUTING (90 DAYS)

**VEHICLE TYPE:** [ ] SINGLE VEHICLE [ ] COMBINATION (TRACTOR & SINGLE TRAILER)
(no divisible loads will be approved)

**POWER UNIT MAKE/MODEL:** _____ **YEAR:** _____

**LICENSE PLATE #** _____ **STATE:** _____

**LOAD TO BE MOVED:** _____

**VEHICLE DIMENSIONS:**

**LEGAL LENGTH** [ ] OR _____ FT/IN **TOTAL AXLES** _____

**LEGAL WIDTH** [ ] OR _____ FT/IN **GROSS WEIGHT (lbs)** _____

**LEGAL HEIGHT** [ ] OR _____ FT/IN

**MAXIMUM AXLE WEIGHTS:**

ANY SINGLE AXLE (lbs) _____ 2 AXLE TANDOM (lbs) _____

3 AXLE GROUP (lbs) _____ 4 AXLE GROUP (lbs) _____

**FINAL DESTINATION:** _____

**CITY ROADWAYS TO BE USED:** _____

**SPECIAL REQUESTS:** _____ **MOVE DATE(S):** _____

**PERMIT RETURNED VIA:** [ ] FAX [ ] E-MAIL

** APPLICATION ONLY - NOT A VALID PERMIT **