



APPLICATION FOR OVERDIMENSION AND OVERWEIGHT PERMIT

US DOT Number _____ **Date** _____ **Pay by** Cash Check **Check #** _____

Name of Applicant _____ **Acct #** _____

Address _____

Fax Location _____ **City and State** _____ **Fax Number** _____

Overweight Load Information (If legal weight skip to next section)

State Actual Loaded Weight

Steer **Drive** **Trailer** **Booster** **Total Gross Weight**
as a group as a group

Axle Space – distance center to center between axles

1 & 2 **2 & 3** **3 & 4** **4 & 5** **5 & 6** **6 & 7** **7 & 8** **8 & 9**
Feet Inch Feet Inch

Total Axle Spacing

Mobile Home single _____ sectional _____ **Size & Make** _____
(check single or sectional) Serial Number _____

Power Unit Truck Semi-Tractor
Year & Make _____ **License number** _____ **State** _____

Trailer Year & Make _____ **License number** _____ **State** _____

Coming From _____

Going To _____

Consecutive Route _____

Overall Width **Overall Length** **Overall Height**
Feet Inch Feet Inch Feet Inch

Trailer & Load Length **Trailer extended?** yes no **Flatbed**

Front Overhang **Front Deck Space** **Used** **Unused** **Single drop**

Rear Overhang **Rear Deck Space** **Used** **Unused** **Double drop**

Load Description _____
(Make, Model, Serial Number and Dimensions)

Date of Movement _____

Remarks _____