

Oversized / Overweight Permit Application

Power Unit Information

Driver's Name: _____

Unit# _____ Year: _____ Make: _____

Serial Number / VIN (All Caps): _____

License Plate#: _____ License State: _____

Empty Weight: _____ Registered GVW: _____ # of Axles: _____

Trailer Information

Unit #: _____ Year: _____ Make: _____

Serial Number / VIN (All Caps): _____

License Plate#: _____ License State: _____

Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in.

Load Information

Load Description (Include Make, Model, & Serial Number if Applicable:

Load Weight: _____

Load Dimensions:

Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in.

Overall Dimensions & Weights (Truck/Tractor, Trailer/Load)

Overall:

Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in.

Overhang: _____ Rear _____ Front

Total Gross Weight: _____ Total # of Axles: _____

Axle Spacings	Axle Weight	Tire Width	# of Tires
1-2 _____	1 _____	1 _____	1 _____
2-3 _____	2 _____	2 _____	2 _____
3-4 _____	3 _____	3 _____	3 _____
4-5 _____	4 _____	4 _____	4 _____
5-6 _____	5 _____	5 _____	5 _____
6-7 _____	6 _____	6 _____	6 _____
7-8 _____	7 _____	7 _____	7 _____
8-9 _____	8 _____	8 _____	8 _____
9-10 _____	9 _____	9 _____	9 _____
10-11 _____	10 _____	10 _____	10 _____
11-12 _____	11 _____	11 _____	11 _____
12-13 _____	12 _____	12 _____	12 _____
13-14 _____	13 _____	13 _____	13 _____
14-15 _____	14 _____	14 _____	14 _____
15-16 _____	15 _____	15 _____	15 _____
16-17 _____	16 _____	16 _____	16 _____
17-18 _____	17 _____	17 _____	17 _____
18-19 _____	18 _____	18 _____	18 _____
19-20 _____	19 _____	19 _____	19 _____
	20 _____	20 _____	20 _____

Routing Information

Load Origin (Physical Address): _____

City: _____ State: _____

Load Destination (Physical Address): _____

City: _____ State: _____

State: _____ Route: _____

Effective Date: _____

State: _____ Route: _____

Effective Date: _____

State: _____ Route: _____

Effective Date: _____

State: _____ Route: _____

Effective Date: _____

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