

ROUTE INFORMATION

I am **STARTING** at (check appropriate box):

State Line _____ / City _____ / County _____
State Abbreviation City Name County Name

My **DIRECTION** will be (check one):

N S E W on route _____

Provide additional starting point information ONLY if starting within Virginia.

The starting point is _____ miles N S E W of route _____ from starting address _____

I am **ENDING** at (check appropriate box):

State Line _____ / City _____ / County _____
State Abbreviation City Name County Name

My **DIRECTION** will be (check one):

N S E W on route _____

Provide additional ending point information ONLY if ending within Virginia.

The ending point is _____ miles N S E W of route _____ to ending address _____

ROUTE REQUESTED

CERTIFICATION

My signature below certifies that I understand no amendments will be made to a Virginia Hauling Permit once it is issued.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

| | | |
|--|-------------------------------------|-------------------|
| AUTHORIZED REPRESENTATIVE NAME (print) | AUTHORIZED REPRESENTATIVE SIGNATURE | DATE (mm/dd/yyyy) |
|--|-------------------------------------|-------------------|

PERMIT SERVICE COMPANY INFORMATION

| | | |
|---|------------------|-----|
| <input type="checkbox"/> Prepared by permit service company (PSC) | PSC NAME | |
| PSC (VAHPS OR SHIPPER FEDERAL ID, FEIN, SSN) | TELEPHONE NUMBER | FAX |

DELIVERY (For current pricing, refer to Virginia hauling permit price list available on our website.)

DELIVERY (check one) (NOTE: For payment and delivery information please refer to the instructions on page 3 of this application.)

USPS FAX

INSTRUCTIONS FOR COMPLETING THE VIRGINIA SUPERLOAD SINGLE TRIP HAULING PERMIT APPLICATION

Requested Movement Date — Date you wish the permit to start.

SHIPPER

New Shipper Location — Check if this shipper has not been previously issued a permit in Virginia Automated Hauling Permit System (VAHPS) or if it is an additional location for this shipper.

Shipper Address Change — Check if this application records an address change.

ID Number — If the shipper has a VAHPS ID, enter it here. Otherwise enter the shipper's federal employer identification number (FEIN) or social security number (SSN).

Government Move — Choose federal, state, or local if this permit is being ordered to conduct a government move.

Contact Person Name — Name of the person responsible for the permit. (Contact person name will be displayed on the permit document.)

Company Name — Name of the shipper.

Name — If the shipper is a person, complete name first, last, middle initial, and suffix name box.

Telephone Number — Phone number for the contact person displayed on the permit document.

Mailing Address — Mailing address for the shipper.

Fax Number — Fax number of the shipper.

P. O. Box, Suite Number — Post office box number and/or suite number if applicable.

Email — Email address of the contact person.

City — City where the shipper is located.

State — State where the shipper is located.

Zip Code — Postal zip code where the shipper is located.

VA Jurisdiction — County or city where shipper is located (for Virginia shippers only).

Country — Country in which the shipper is located.

COMMODITY AND VEHICLE

Item to be moved — Name of the item to be moved (e.g., truck bed, crane, excavator storage container).

Crane Make and Model — If the item being moved is a crane, enter the make and model.

Transport Method — Indicate how the item will be moved: hauled, towed or driven.

Hazardous — Check if the item is hazardous.

Vehicle ID Location — Check if using the license plate or serial number of a truck and trailer combination (trailer) or straight truck (truck).

License Plate Number — Enter the license plate number.

Issuing State — Enter the state from which the license plate is issued.

VIN/Serial Number — Enter the last 5 numbers of the Vehicle Identification Number (VIN) or serial number if the transporter is not licensed.

OVERALL DIMENSIONS/SIDE OVERHANG

Vehicle and Load — Enter the overall height, width and length measurement (feet and inches) of the vehicle and load combination being moved.

Overhang — Side Overhang — Check the appropriate box for overhang distribution. Width Overhang — If you answer no to side overhang, you must complete the width overhang boxes.

Length Overhang — Enter how much load hangs over the front and rear of the trailer.

Self-propelled Crane — If driving a crane, enter the width from outside of left tire to outside of right tire.

AXLE WEIGHT AND SPACING

Gross Weight — Enter the total weight of the vehicle configuration and load.

Licensed Legal Weight — Enter weight for which the vehicle is legally licensed.

Number of Axles — Enter the total number of axles including the axles on the power unit, trailer and dolly.

If you exceed 9 axles, check the box and complete the additional axle, Virginia Hauling Permit Additional Axle (form HP 403).

Axles — Circle one for each axle.

Weight — Enter the individual weight for each axle circled.

Distance — Enter distance in feet and inches between each pair of axles.

ROUTE

Specific Route — Complete all route boxes.

Starting — Check the appropriate box to indicate the starting point of the trip. Fill in the blank to indicate name of starting point.

Direction — Check which direction you will be heading. Enter route number. If you will be starting within Virginia, enter the distance and direction from the intersecting route nearest your starting address and starting route number.

Ending — Check the appropriate box as to where you are ending. Fill in the blank to indicate name of ending point.

If you will be ending within Virginia, enter the distance and direction from the intersecting route nearest your ending address and route number.

Route Requested — Enter the desired route you wish to travel.

SIGNATURE

Name — Print the name of the person completing this form.

Signature — Written signature of the person completing this form.

Date — Date this application was signed.

PERMIT SERVICE COMPANY INFORMATION

Prepared by permit service company (PSC) — Check if application was prepared by a permit service company (PSC).

PSC Name — Write the permit service company name here.

PSC (VAHPS or Shipper Federal ID, FEIN, SSN) — Enter the permit service company's VAHPS ID. Otherwise enter the shipper's federal employer identification number (FEIN) or social security number (SSN).

Telephone Number — Telephone number of person or PSC representative who signed the application.

Fax Number — Fax number of the person or PSC representative who signed the application.

PAYMENT/DELIVERY — Check the requested delivery method. Mail payment with completed application. For credit card payment, fax or mail the application and the Hauling Permit Office will contact you for payment when the permit is ready to be processed.