

VIRGINIA HAULING PERMIT ADDENDUM ADDITIONAL AXLE

HP 403 (12/10/2011)

Telephone: (804) 497-7135

Fax: (804) 367-0063

Web site: www.dmvNOW.com

PURPOSE: Use this form to provide additional axle information when submitting Virginia Single Trip Superload Hauling Permit Application (HP 400) or the Virginia Blanket Hauling Permit Application (HP 401).

INSTRUCTIONS: Mail the completed form to DMV Hauling Permits, P.O. Box 26302, Richmond, VA 23260 or you may fax the completed form to the number above.

DMV USE ONLY	
RECEIVED DATE (mm/dd/yyyy)	RECEIVED NUMBER

SHIPPER	
ID NUMBER (VAHPS ID, FEIN, OR SSN)	NAME

ADDITIONAL WEIGHT AND AXLE SPACING									
AXLE	9	10	11	12	13	14	15	16	17
WEIGHT	(weight stated on HP application)	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs
DISTANCE (between axles)	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in

AXLE	17	18	19	20	21	22	23	24	25	26
WEIGHT	(weight stated above)	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs	_____ lbs
DISTANCE (between axles)	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in	_____ ft _____ in

SIGNATURE		
I 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.		
NAME (print)		
SIGNATURE		DATE (mm/dd/yyyy)
<input type="checkbox"/> Prepared by permit service company		COMPANY NAME
ID NUMBER (VAHPS ID, FEIN, OR SSN)	TELEPHONE NUMBER	FAX NUMBER