OVERSIZED / OVERWEIGHT PERMIT APPLICATION FORM

APPLICATION INFORMATION - Please select type of permit needed and quantity. Trip permits require a separate application for each load.

- TRIP (single load, valid for 10 days, specific route) ___ BLANKET (specific vehicle configuration, valid for 1 year) QUANTITY ___________

CONTACT INFORMATION - Please provide information requested below.

- PERMITTEE NAME: __________________________ PHONE NUMBER: (_____) _______ - ________
- INVOICE NAME: ___________________________ FAX NUMBER: (_____) _______ - ________
- MAILING ADDRESS: ______________________ EMAIL ADDRESS: __________________________
- CITY, STATE, ZIP: _______________ Travel Begin Date: _______________

PAYMENT METHOD - Please select one of the following payment methods.

- CHECK ___ CASH ___ MONEY ORDER ___ CREDIT CARD ___

ROUTING INFORMATION - To be completed only for a trip permit

- FROM (CITY): ____________________________ TO (CITY): ____________________________
- ROUTE: ____________________________________________________________ RETURN TRIP NEEDED

VEHICLE CONFIGURATION - Select the configuration which applies and describe the load as needed. Is this a Divisible Load?

- TRUCK TRACTOR SEMITRAILER HAULING: ____________________________
- TRUCK TRACTOR WITH 48'+/- 53' SEMITRAILER WITH KINGPIN SETTING > 41'.
- TRUCK TRACTOR WITH SEMITRAILER OVER 53' BUT NOT GREATER THAN 57'6".
- STRAIGHT TRUCK TOWING OR TOWING A TRAILER CARRYING: ____________________________
- STRAIGHT TRUCK HAULING: ____________________________
- MOBILE HOME - MAKE: __________________ SERIAL NUMBER (LAST 4 DIGITS): __________________
- SEALED CONTAINERIZED CARGO UNIT - SEAL NUMBER (LAST 4 DIGITS): __________________
- WRECKER TOWING A DISABLED VEHICLE.
- SELF PROPELLED: ____________________________
- INNERBRIDGE
- NATURAL GAS FUELED VEHICLES
- AUTOMOBILE TRANSPORTER
- TURNPIKE TANDEM: COMPANY ID: __________________ CERTIFICATION #: ___________

IDENTITY OF LOAD - Please select type of identity and provide number.

- TRUCK OR TRAILER TAG # ___ LOAD ID # ___ TRAILER OR TRUCK UNIT # ___ BILL OF LADING # ___ VIN # ON EQUIPMENT NUMBER:

TRUCK DIMENSIONS - Please provide all vehicle dimensions.

- OVERALL HEIGHT: _______ ft _______ in
- OVERALL WIDTH: _______ ft _______ in
- OVERALL LENGTH: _______ ft _______ in
- TRAILER LENGTH: _______ ft _______ in
- KINGPIN SETTING: _______ ft _______ in
- FRONT OVERHANG: _______ ft _______ in
- REAR OVERHANG: _______ ft _______ in

TRUCK CONFIGURATION - The following must be completed for overweight vehicles marked as legal when axle/gross weight is legal. Attach additional pages as needed.

- AXLE SPACINGS AXLE WEIGHTS
  1. to 2: _______ ft _______ in
  2. to 3: _______ ft _______ in
  3. to 4: _______ ft _______ in
  4. to 5: _______ ft _______ in
  5. to 6: _______ ft _______ in
  6. to 7: _______ ft _______ in
  7. to 8: _______ ft _______ in
  8. to 9: _______ ft _______ in
  9. to 10: _______ ft _______ in
 10. to 11: _______ ft _______ in
 11. to 12: _______ ft _______ in
 12. to 13: _______ ft _______ in
 13. to 14: _______ ft _______ in
 14. to 15: _______ ft _______ in
 15. _______ ft _______ in

- AXLE WEIGHTS
  1. Axle: _______ lbs
  2. Axle: _______ lbs
  3. Axle: _______ lbs
  4. Axle: _______ lbs
  5. Axle: _______ lbs
  6. Axle: _______ lbs
  7. Axle: _______ lbs
  8. Axle: _______ lbs
  9. Axle: _______ lbs
10. Axle: _______ lbs
11. Axle: _______ lbs
12. Axle: _______ lbs
13. Axle: _______ lbs
14. Axle: _______ lbs
15. Axle: _______ lbs

TRUCK CONFIGURATION - Complete for Cranes or loads greater than 199,000 lbs.

- # OF TIRES PER AXLE TIRE WIDTH
1. _______ in
2. _______ in
3. _______ in
4. _______ in
5. _______ in
6. _______ in
7. _______ in
8. _______ in
9. _______ in
10. _______ in
11. _______ in
12. _______ in
13. _______ in
14. _______ in
15. _______ in

OFFICE USE ONLY - Do not write anything in this space.

- CLASS: ____________ DIMENSION CODE: ____________
- S N E
- MIN O.B. REQUIRED: ____________
- PERMIT FEE: _______ TECH INITIALS: ____________
- AXLE CODE: ____________ SPECIAL NOTES: ____________

- TOTAL # OF AXLES: _______ ft _______ in
- TOTAL OUTERBRIDGE: _______ ft _______ in
- TOTAL GROSS WEIGHT: _______ lbs
- APPLICANT NAME AND DATE: _______________