

State of New Mexico - Motor Transportation Division
APPLICATION FOR EXCESSIVE SIZE AND WEIGHT PERMIT

Where and how shall MTD send your permit?
If Single Trip what P.O.E. or fax number?
If Multiple, what mailing address?

Date: _____

AVOID DELAYS! PLEASE COMPLETE ALL INFORMATION ON THE FORM

COMPANY, MOVEMENT & VEHICLE INFORMATION

COMPANY NAME				DOT#		FEIN	
ADDRESS		CITY		STATE		ZIP	
COMPANY CONTACT PERSON:						PHONE	
DESCRIPTION OF LOAD:							
MOBILE HOME INFORMATION:							
YEAR:		MAKE:		SERIAL#:		VIN: (LAST 4)	
FROM ADDRESS:		CITY		COUNTY		STATE ZIP	
TO ADDRESS:		CITY		COUNTY		STATE ZIP	
ROUTE: (HIGHWAY NUMBERS)						DATES OF MOVEMENT:	
TOWING UNIT:							
YEAR:		MAKE:		UNIT#:		LICENSE#:	
STATE:		VIN: (LAST 4)					
GROSS WEIGHT:		WIDTH:		HEIGHT:		LENGTH:	
				OVERHANGS: FRONT:		& REAR:	

AXLE INFORMATION

GROUP	WEIGHT	NUMBER OF AXLES	SPACING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTALS:			

INSTRUCTIONS:

WEIGHT.....
Enter the weight of the axle group.
(For example: Drives 40000Lbs,
Trailer 40000lbs)

STEERING AXLES.....
Enter tire sizes if axle weight exceeds
13000 lbs. or self propelled.

SPACING.....
Enter the distance from the center of the
steer axle to the center of the 2nd axle to
the center of the 3rd axle to the center of
the 4th axle, etc.

PERMIT FEES

SINGLE TRIP: \$25.00
MULTIPLE TRIP: \$250.00
POLICE ESCORT: (per day) \$300.00

LIQUID HAUL
SINGLE TRIP: \$35.00
MULTIPLE TRIP: \$120.00

TOTAL:

FAX TO: 505.827.0385, 505.827.0384 or 505.827.0071

REMARKS

SIGN BELOW

AMERICAN EXPRESS, DISCOVER, MASTER CARD OR VISA
CREDIT CARD #: _____ EXP. DATE _____

X _____
SIGNATURE OF APPLICANT

Offical Use Only

PERMIT NUMBER: _____