

GEORGIA DEPARTMENT OF TRANSPORTATION OVERSIZE PERMIT UNIT

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL
(888) 774-1460 FOR ASSISTANCE**

**MAILING ADDRESS:
Georgia Department of Transportation
Oversize Permit Unit
P. O. Box 17937
Atlanta, GA 30316-0937**



**EMAIL COMPLETED APPLICATION TO
PEWIREROOM@DOT.GA.GOV
or FAX APPLICATION to: (404)635-8164**

**Visit our website at
<http://www.dot.ga.gov/doingbusiness/permits/oversize>**

ANNUAL PERMIT APPLICATION

This application is for an Annual Permit, which is good for a twelve- (12) month period, to cover the movement of oversize and/or overweight loads. There are two (2) different types of Annual Permits based on the **maximum** dimensions and allowable routes of travel and are as follows:

(PLEASE COMPLETE APPLICATION FULLY, ANY AREAS LEFT BLANK MAY DELAY YOUR APPLICATION PROCESS TIME)

Standard Annual \$150.00
Width – 12’
Height – 14’6”
Length – 100’
Weight – 100,000 lbs.
Most Routes unless posted

Number of permits: _____ x \$150.00 = \$ _____

Annual Plus \$500.00
Width – 14’
Height – 14’6”
Length – 100’
Weight – 100,000 lbs.
Travel on NHS routes only – see NHS map

Number of permits: _____ x \$500.00 = \$ _____

US DOT# _____ BEGIN DATE: _____ END DATE: _____

COMPANY NAME: _____

ESCROW ID# _____ or CREDIT CARD #: _____ EXPIRATION: _____

OTHER METHODS OF PAYMENT ACCEPTED INCLUDE MONEY ORDER, CERTIFIED OR CASHIERS CHECK, OR COMPANY CHECK (NO PERSONAL CHECKS).

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY PHONE #: _____ CONTACT PERSON: _____

INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____

YOU ARE REQUIRED TO MAINTAIN \$1,000,000 LIABILITY INSURANCE FOR THE DURATION OF THIS PERMIT. ACCORD FORM MUST BE ON FILE WITH THE GEORGIA DEPARTMENT OF TRANSPORTATION IN THE OVERSIZE PERMIT UNIT.

(PLEASE COMPLETE THE AREA BELOW - WE CAN NOT ISSUE PERMIT WITHOUT KNOWING WHAT YOU ARE HAULING)

LOAD DESCRIPTION: _____

Overall	Overall	Overall	Overall
WIDTH _____ FT. _____ IN.	HEIGHT _____ FT. _____ IN.	LENGTH _____ FT. _____ IN.	WEIGHT _____

PERMIT HOLDER IS RESPONSIBLE TO ENSURE THAT THE PERMITTED LOAD CAN SAFELY TRAVEL OVER ALL ROUTES THEY PROPOSE TO TRAVEL, INCLUDING BUT NOT LIMITED TO VERTICAL, HORIZONTAL AND WEIGHT CLEARANCES.

Any permitted load involved in a vehicle accident must submit copy of the Uniform Motor Vehicle Accident Report with a copy of their permit to the address shown above, within fifteen (15) days, as required by Rules of the Department of Transportation, 672-2-03(h)

TRAVEL WITH ORIGINAL PERMIT ONLY

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. CHARGES FOR THIS SERVICE IS \$7.00) Revised 10/29/10