



**North Carolina Department of Transportation
Oversize/Overweight Permit Unit
750 N. Greenfield Parkway
Garner, NC 27529**

**GENERAL USE SINGLE TRIP PERMIT
FOR NON-DIVISIBLE QUALIFYING LOADS**

*(Mobile/Manufactured Home Permit Applications
are required to use special form PF-22)*

**Telephone: 1-888-LRG-MOVE
(574-6683)**

Fax: (919)662-4320

**Fee: \$12-width
\$12-length
\$12-height
\$12-weight**

TO RECEIVE BY:

Permit Wire Service

NAME OF PERMIT WIRE SERVICE _____

Credit Card
(\$9.00 Authorization/Transmittal Fee)

(CREDIT CARD NUMBER) _____

(EXPIRATION DATE) _____

Direct Fax

DIRECT FAX ACCOUNT NUMBER _____

Pickup

Cash Check # _____

Effective Date _____

Refer to Permit No. _____
(For quick reference)

Tractor/Trailer Truck/Trailer Truck Hauling Towing Self-Propelled
(schematics required)

Applicant _____
REGISTERED OWNER / LESSEE

DELIVER BY: FAX EMAIL

Address _____
STREET

CITY STATE ZIP

Fax # (_____) _____ - _____
AREA CODE

Email _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____

Extreme Wheelbase Measurement (Hub to Hub) of Vehicle/Vehicle Combination _____ ft. _____ inches

Overall: Width _____ **Length** _____ **Height** _____ **Front Overhang** _____ ft. **Rear Overhang** _____ ft. **Trailer Length** _____ ft.

Trailer Design: Flat Bed Single Drop Double Drop Stretch Other _____
(Specific Design)

Commodity Hauled Towed _____
(If transporting Construction Equipment, specific type/design is required. Provide length of piece if transporting beams/girders.)

If commodity is being hauled, how is it loaded:

Directly on Trailer Flat Rack Ship Container Sealed Ship Container Other _____
(Specific Description)

If hauling multiple pieces, how are they loaded: Stacked Side by Side In Line

Origin _____ **Destination** _____
(Exact Location/Address/Jct.) (Exact Location/Address/Jct.)

Requested route(s) of travel _____
(To include specific County Road Numbers, NC, US and Interstate Routes)

License No. of truck/tractor/special mobile equipment _____ **State** _____

Serial/VIN number (last 5 digits) of truck/tractor/special mobile equipment _____ **USDOT #** _____

Requested by _____ **Telephone** (____) _____ **Date** _____