

**STATE OF NEW MEXICO
MOTOR TRANSPORTATION DIVISION
APPLICATION FOR EXCESSIVE SIZE AND WEIGHT SINGLE TRIP**

FAX NUMBER OR EMAIL		DATE			
FILL OUT FORM CORRECTLY AND COMPLETELY OR APPLICATION WILL BE REJECTED					
COMPANY NAME		DOT #			
ADDRESS		FEIN #			
CITY	STATE	ZIP CODE			
CONTACT NAME		PHONE NUMBER			
DESCRIPTION OF LOAD					
ORIGIN: CITY OR STATE		DATE OF MOVEMENT			
DESTINATION: CITY OR STATE					
ROUTE REQUESTED:					
TOWING UNIT:					
YEAR	MAKE	LICENSE	VIN (LAST 4)		
OVERALL DIMENSIONS:					
GROSS WEIGHT	WIDTH	LENGTH	HEIGHT	FRONT OVERHANG	REAR OVERHANG
AXLE INFORMATION					
GROUP	WEIGHT	NUMBER OF AXLES	SPACING		
1					
2					
3					
4					
5					
6					
7					
TOTALS					
INSTRUCTIONS					
WEIGHT: ENTER THE WEIGHT OF THE AXLE GROUP					
STEERING AXLES: ENTER THE TIRE SIZES IF THE STEERING AXLE WEIGHT EXCEEDS 13000 LBS					
SPACINGS: ENTER THE DISTANCE FROM THE CENTER OF THE FIRST AXLE TO THE CENTER OF THE NEXT AXLE ETC.					
MOBILE HOME INFORMATION					
YEAR	MAKE	SERIAL #	VIN(LAST 4)		
PERMIT FEES					
SINGLE TRIP:	\$ 25.00	SINGLE TRIP LIQUID LOAD:	\$35.00		
CREDIT CARD INFORMATION					
CREDIT CARD NUMBER		EXP. DATE			
<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>			
SIGNATURE OF APPLICANT _____					
THERE WILL BE A \$5.00 CONVENIENCE FEE FOR EVERY CREDIT CARD TRANSACTION					
Fax applications to 505.476.2476 505.476.2477 505.476.2478 505.476.2479					