

Applicant Co:		DOT #:	Date:	
Contact:	Phone (mandatory):		Email:	
Federal ID #				
Permit Type:Oversize _	OverweightBoth	Applicant Load/P	ro # (mandatory):	
Start St Address:		City:	St:Zip):
Dest St Address:		City:	St:Zip	:
	Make:		St:	
	Trlr Dmsn:		Lic:	St:
			No. Pieces: Trlr	
Load Weight:lbs Load Height:ftin. Load Width:ftin. Load Length:ftin.	Total Height:ft Total Width:ft Total Length:ft	in.	ang Front:ftin. ang Rear:ftin. How Is It Loaded d-to-EndSingle Item ackedSide-by-Side	
1)lbsft 4)lbsft	And Spacing To Next Axle/Cen in. 2)lbs in. 5)lbs in. 8)lbs	_ftin. 3) _ftin. 6)	lbsftin. lbsftin. lbs.	
State Date Entered Route	States of Travel, Route by e – By Highway/Street	Highway, and Start	Date for <u>EACH</u> State	