



**Application for Permit to Move Overweight
and/or Over Dimensional Loads on State Highways
State Permits**

Permit Trip

- Single Trip (1 Trip)
- Multiple Trip (2+)
- Annual

Effective Date

/ / (i.e. 11/16/05)

Company Name or Agent Of The Carrier

Applicant/Contact Name

Primary Telephone

() - ext.:

Fax

() -

Street Address

City

State/Provinces

Zip Code

Registration of Hauling Vehicle

Registration of Trailer

Vehicle I.D. No

Length

ft in

Width

ft in

Height

ft in

Of Axles

Gross Weight

lbs

Load Type

Origin

Destination

Routes