

**All Sections Must Be Completed**

Company Name			DOT #	Contact Person	
Street Address			Phone (with Area Code)		Fax (with Area Code)
City	State	Zip Code	E-mail Address		

Description of Non-Reducible Load or Vehicle	Start Date
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Origin (City)	Destination (City)
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Routes of Travel for Each State

Vehicle License Number	Base State	Truck (# of Axles)	Tractor (# of Axles)	Semi-Trailer (# of Axles)	Trailer (# of Axles)
Unit #	VIN Number	Year	Make	USDOT #	

**Overweight:** Draw diagram of axle group weight, axle spacing, tire sizes, and number of tires

Width	Height	Total Length	Trailer/Load Length	Front Overhang	Rear Overhang
Lift Axle?	Tire Size on Lift?	Single Dual	GVW (Max 160k)	Legal Weight	Report #

**Applicant Must Fill in Miles Per State When Overweight**

State	Miles	State	Miles	State	Miles
Arizona		Montana		Oregon	
Colorado		Nevada		Texas	
Idaho		New Mexico		Utah	
Louisiana		Oklahoma		Washington	

Print Name	Signature (Person Requesting Permit)	Date
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