

Self-Issued Permits - 24-hours a day/7 days a week

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

Type of Permit Requested (Check One):				
SR-9		Milepost 97.19 to Milepost 96.85 (Annual Only)		
US-97		Milepost 336.48 to Milepost 331.12		
Monthly	Number of Months	Annual		
<b>Start Date:</b>				

**Vehicle Information**

License Number		Complete VIN Number		Unit #
Truck (# of Axles)	Tractor (# of Axles)	Trailer(s) (# of Axles)	Power Unit Make	Power Unit Year
Licensed State/Province	WA Licensed Weight (Must be Licensed for WA to Max Legal)		Axle Spacing Report Number (Required)	

**Commercial Vehicle Services**  
**7345 Linderson Way SW**  
**PO Box 47367 Olympia, WA 98504-7367**  
**Phone: 360-704-6340 / Fax: 360-704-6391**  
[www.wsdot.wa.gov/commercialvehicle](http://www.wsdot.wa.gov/commercialvehicle)