OVERSIZE/ OVERWEIGHT PERMIT APPLICATION FORM

TEL: +18889959749 FAX: 4184740291 EMAIL: permits@aonepermits.com

CUSTOMER DETAILS

COMPANY NAME:			
ADDRESS:			
PHONE:	FAX:	EMAIL:	
CREDIT CARD #:	EXP DATE:	CVV CODE:	

TRUCK INFORMATION

UNIT#:	YEAR	MAKE	TYPE	FULL VIN#	PLATE #	ST/PROV	LENGTH	# AXLES

TRAILER/JEEP/BOOSTER INFORMATION

UNIT#:	YEAR	MAKE	TYPE	FULL VIN#	PLATE #	ST/PROV	LENGTH	# AXLES

LOAD DESCRIPTION

LOAD:	MAKE:	MODEL:	SERIAL #:
LENGTH: Inch	WIDTH: Inch	HEIGHT: Inch	LOAD WEIGHT: LBS

OVERALL DIMENSIONS

LENGTH: Inch	WIDTH: Inch	HEIGHT: Inch	OVERALL WEIGHT? LBS
FOH: Inch	REAR OVERHANG: Inch	HOW THEY LOAD: END TO END	HOW MANY?: 1

CONFIGURATION

AXLES	**STEER**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
SPACINGS:												
WEIGHTS:												
TIRE SIZE:												
TIRE RATING:												
AXLE RATING:												

PERMITS REQUIRED AND ROUTING

ORIGIN ADDRESS:

DESTINATION ADDRESS:

EFFECTIVE DATE	STATE/ PROV	ROUTES (ONE LINE FOR EACH STATE/PROV)	WK-END TRAVEL
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

AUTHORITIES

FID# OR FEIN#:	USDOT#:	KYU# TX/NY#:
NSC# / CVOR(ON)#:	QC (NEQ/NIR)#:	MVID/NFL#: