

OVERSIZE / OVERWEIGHT PERMIT APPLICATION FORM



(UPDATE 02/2013)

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APPLICANT

COMPANY NAME:			
PHYSICAL ADDRESS:			
PHONE:	FAX:	EMAIL:	
ORDERED BY:	PO#:	DATE / TIME:	
HAVE ACCOUNT: YES	IF NONE, CREDIT CARD#		EXP. DATE:

LOAD INFORMATION

LOAD DESC.:	MAKE:	MODEL:	S/N#:
LOAD DIM.:	LENGTH:	WIDTH:	HEIGHT:
WEIGHT:		HOW MANY?:	
HITCH:	EAVES:	OWNER OF LOAD:	LOADED HOW:

OVERALL DIMENSIONS

LENGTH:	WIDTH:	HEIGHT:	WEIGHT:
OVERHANG	FRONT:	REAR:	EFF. REAR:
KINGPIN:	GROUND CLEARANCE:		

VEHICLE INFORMATION

UNIT#	TYPE	YEAR	MAKE	FULL VIN# (17 DIGITS)	PLATE	ST / PR	LENGTH	WEIGHT	# AXLES

CONFIGURATION

AXLES	STEER	2	3	4	5	6	7	8	9	10	11	12
SPACINGS:												
WEIGHTS:												
TIRE SIZE:												
T. RATING:												
A. RATING:												

PERMIT(S) REQUIRED AND ROUTING

ORIGIN (EXACT FULL ADDRESS OR JCT)						DESTINATION (EXACT FULL ADDRESS OR JCT)					
EFF. DATE	ST/PR	REG'D WGT	ROUTES			EFF. DATE	ST/PR	REG'D WGT	ROUTES		

INSURANCE / OP. AUTHORITY / ACCOUNT#

INS.CO:	INS POLICY#:	INS. EFF. & EXP. DATE:
FID#:	USDOT#:	INS. COVERAGES\$:
KYU#:	LA ACC.#:	ICC# (IF FOR HIRE):
NSC#:	ON CVOR#:	IRP/CABCARD#:
QC NIR#: R-	QC NEQ#:	IFTA#:
BC FIN. RESP#:	BC CUSTOMER#:	AB MVID#:

COMMENTS