

TEMPORARY TRIP / FUEL PERMIT APPLICATION FORM

(UPDATE 02/2013)

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APPLICANT

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

PERMIT(S) REQUIRED

TYPE	ST / PR	EFF. DATE / TIME	TYPE	ST / PR	EFF. DATE / TIME
TRIP	FUEL	/	TRIP	FUEL	/
TRIP	FUEL	/	TRIP	FUEL	/
TRIP	FUEL	/	TRIP	FUEL	/
TRIP	FUEL	/	TRIP	FUEL	/
TRIP	FUEL	/	TRIP	FUEL	/

TRACTOR AND SEMI-TRAILER INFORMATION

UNIT#	YEAR	MAKE	FULL VIN# (17 DIGITS)	LICENSE PLATE	ST/PR	# AXLES

GENERAL INFORMATION REQUIRED

LOAD DESC.:		LOAD WEIGHT:		DRIVER'S NAME:	
TRIP EMPTY OR LOADED?			OWNER OF LOAD:		
TR WHEELBASE:		TRL WHEELBASE:		TRACTOR LICENSE PLATE EXPIRY DATE:	
FUEL TYPE:		ACTUAL WEIGHT:		TR UNLADEN/EMPTY WEIGHT:	
TR OWNED OR LEASED?			IF LEASED, TR OWNER'S NAME:		
BASED REG'D WEIGHT:					

ROUTING

ORIGIN:		DESTINATION:			
ROUTES:					
RETURN TRIP?: YES		NO	RETURN TRIP LOADED OR EMPTY?: LOADED		EMPTY

INSURANCE / OP. AUTHORITY / ACCOUNT#

INS.CO:		INS POLICY#:		INS. EFF. &EXP. DATE:	
FID#:		USDOT#:		INS.COVERAGE\$:	
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

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