TransportSpecialists

OVERSIZE / OVERWEIGHT PERMIT APPLICATION FORM

Simplified Transportion Compliance
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APPLICANT

COMPANY NAME |			EMAIL |	
COMPLETE PHYSICAL ADDRESS |				
PHONE |	FAX |	ORDERED BY |	PO#	DATE / TIME |

LOAD INFORMATION

LOAD DESC. |	MAKE |	MODEL |	S/N#		
LOAD DIM. |	LENGTH |	WIDTH |	HEIGHT |	WEIGHT |	HOW MANY |

OVERALL DIMENSIONS

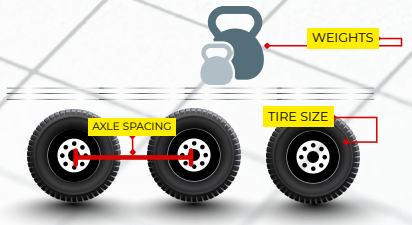
LENGTH |	WIDTH |	HEIGHT |	WEIGHT |	OVERHANG |	FRONT |	REAR |	EFF. REAR |	KINGPIN |	GROUND CLEARANCE |

VEHICLE INFORMATION

UNIT#	TYPE	YEAR	MAKE	FULL VIN# (17 DIGITS)	PLATE	BASED	LENGTH	WEIGHT	# AXLES

CONFIGURATION

AXLES	STEER	1	2	3	4	5	6	7	8	9	10	11	12	13
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	STATE / PROVINCE	REG'D WEIGHT	ROUTES

COMMENTS |

INSURANCE / OP. AUTHORITY / ACCOUNT#

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