



JOHN BEL EDWARDS,
GOVERNOR

**LOUISIANA DEPARTMENT OF
TRANSPORTATION & DEVELOPMENT
Truck Permits Section 51**

P.O. Box 94042 Baton Rouge, LA 70804-9245
1201 Capitol Access Rd, Baton Rouge, LA 70802
(225) 377-7142 • Fax (225) 377-7154
dotd.louisiana.gov



SHAWN D. WILSON, Ph.D.,
SECRETARY

ANNUAL NON-CRITICAL OFF-ROAD PERMIT

This permit is for vehicles that are classified as Non-Critical Off-Road Equipment. In general, included in this category are vehicles that have single-single, single-tandem, tandem-tandem, single-tridum axle configurations *that* do not exceed 30,000 pounds on a single axle or 54,000 pounds on a tandem or tridum axle. Up to 16' wide dimensions will be covered as well; however, all appropriate escort regulations will apply. The permit allows for travel throughout Louisiana on highways designated on the "LADOTD APPROVED TRAVEL ROUTES FOR OVERWEIGHT LOADS" map. The cost of the permit is \$1,000.00 and it is valid for one calendar year.

**Any questions should be directed to the Truck Permit Business Office @
225-377-7142, 225-377-7144 or 225-377-7146.**

**We will need original applications for the first permit and any thereafter we
will accept an emailed or faxed copy.**

**The email address is DOTDPERBAACCOUNTING@LA.GOV
and the fax # is: 225-377-7154.**

Annual Non-Critical may be paid for by charge account, credit card (Master Card, Visa, American Express), check, cashier's check or money order. Simply send the appropriate payment or payment information (account number, credit card information, etc.) along with a complete application form (enclosed) to the following address:

LADOTD
ATTN: TRUCK PERMITS
P. O. BOX 94042
BATON ROUGE, LA 70804-9042



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RELATED DOCUMENTS

The following pages will be mailed to applicants, along with their new permit(s):

1. A "DOTD APPROVED TRAVEL ROUTES FOR OVERWEIGHT LOADS" MAP*
2. A "REQUEST TO TRAVEL OFF OF APPROVED OFF-ROAD ROUTE" FORM

LOGISTICS ON USE OF PERMITS

THE LA DOTD APPROVED TRAVEL ROUTES FOR OVERWEIGHT LOADS MAP AND THE PERMIT MUST BE KEPT IN THE VEHICLE AT ALL TIMES. Failure to have a copy of either of these documents in the vehicle will result in a fine if the vehicle is checked by enforcement personnel.

Should travel be required on highways not on the approved routes map, a "REQUEST TO TRAVEL OFF OF APPROVED OFF-ROAD ROUTE" form (enclosed) must be completed and faxed back to the Truck Permit Office @ 225-377-7108. The form will then be reviewed by the Permit Office and faxed back to the customer. If the request is approved, the form must be kept with the permit for the duration of that particular move in question, further communications will be necessary to attempt to find an acceptable solution.



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Annual Non-Critical or Semi-Annual Critical Off-Road Equipment Permit Application

Customer Account Number:		Requested Begin Date:			
Company Name:					
Address:		City:		State:	Zip Code:
Contact Person:			Phone Number:		
Make of Equipment:			Model Number:		
Type of Equipment (ex: truck crane, workover rig, etc.):			Serial Number (last 10 digits):		
(check one): <input type="checkbox"/> Non-Critical <input type="checkbox"/> Critical			Letter Date (Critical Off-Road Only)		
Overall Dimensions					
Height: ft. in.		Width: ft in.		Overall Length: ft. in.	Front Overhang: ft. in.
					Rear Overhang: ft. in.
Axle Weights (PER EACH AXLE)					
1:	2:	3:	4:	5:	6:
7:	8:	9:	10:	11:	12:
Axle Spacing:	1 st to 2 nd :		2 nd to 3 rd :		3 rd to 4 th :
Steering Tire Size:	4 th to 5 th :		5 th to 6 th :		6 th to 7 th :
	7 th to 8 th :		8 th to 9 th :		10 th to 11 th :
					11 th to 12 th :
Credit Card Information (if applicable)					
Type of Card (check 1): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			Card Number:		Exp Date:
Name of Card Holder:			Phone Number of Card Holder:		

Applicant's Name (print or type)

Signature of Applicant



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Request to Travel Off Approved Off-Road Route

Customer Account Number:	Current Annual/Semi-Annual Off-Road Equipment Permit Number:
Origin of Move:	Destination of Move:
Complete Route Requested:	
Company Name:	
Submitted By (Name):	Fax Number:
Contact Phone Number:	

Below is for the Permit Office

Reviewed By:	Date:	Time:
Route Revisions:		
<input type="checkbox"/> Disapproved Comments:		