



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

## SEMI-ANNUAL CRITICAL OFF-ROAD PERMIT

This permit is for vehicles that are classified as Critical Off-Road Equipment. In general, included in this category are vehicles that have more than single-single, single-tandem, tandem-tandem, single-tridum axle configurations (for example, vehicle should have more than four axles or have one or more tridum or have a booster axle.) Dimensions up to 16' wide will be covered as well; however, all such equipment shall be accompanied by a certified escort when traveling on state highways, including the interstate system. The permit allows for travel throughout Louisiana on highways designated on the

“LADOTD APPROVED TRAVEL ROUTES FOR OVERWEIGHT LOADS” map.

The permit is good for six calendar months and the cost is determined by a formula that basically figured charge at a rate of \$0.07 per ton mile for the amount the vehicles is overweight.

**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](mailto:DOTDPERBAACCOUNTING@LA.GOV)**

**and the fax # is: 225-377-7154.**

Semi-Annual Critical may be paid for by charge account **only**. Simply send the appropriate information (account number, etc.) along with a completed application form (enclosed) to the following address:

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



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## SEMI-ANNUAL OFF-ROAD CRITICAL PERMIT

Applications for the Semi-Annual Critical Off-Road Permit must also be accompanied by a completed, signed copy of the "CRITICAL OFF-ROAD MILEAGE REPORT" form (enclosed). Please note the miles to be traveled must be estimated for the first permit ordered for each vehicle. When the permit is reissued after six months, an adjustment will be made to the customer's account reflecting the actual miles traveled during the life of the first permit. The fees for all subsequent permits will be calculated based on the figure submitted on each new mileage report form.

**POWER OF ATTORNEY** shall be completed by all Partnerships whether Incorporated or Limited Liability Corporation (LLC). Power of Attorney is not required to be notarized. However, the signatures must be originals. It gives authority to the person who will sign the Critical Off-Road Mileage Reports.

As part of the application process for critical off-road equipment, customers will also be required to provide a copy of the **LETTER DATE** they received from the Truck Permit Office to operate that particular vehicle on Louisiana highways.

### **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 "CRITICAL OFF ROAD MILEAGE REPORT" FORM
3. A "REQUEST TO TRAVEL OFF OF APPROVED OFF-ROAD ROUTE" FORM

### **LOGISTICS ON USE OF PERMITS**

**THE ORIGINAL LETTER DATE, 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):<br><input type="checkbox"/> Non-Critical <input type="checkbox"/> Critical |                                      |                       | Letter Date (Critical Off-Road Only) |  |  |
| <b>Overall Dimensions</b>   |                                      |                       |                                      |  |  |
| Height: ft.   | in.                                  | Width: ft             | in.                                  | Overall Length: ft.                    | in.                                    |
|   |                                      |                       |                                      | Front Overhang: ft.                    | in.                                    |
|   |                                      |                       |                                      | Rear Overhang: ft.                     | in.                                    |
| <b>Axle Weights (PER EACH AXLE)</b>   |                                      |                       |                                      |  |  |
| 1:  | 2:                                   | 3:                    | 4:                                   | 5:                                     | 6:                                     |
| 7:  | 8:                                   | 9:                    | 10:                                  | 11:                                    | 12:                                    |
| Axle Spacing:   | 1 <sup>st</sup> to 2 <sup>nd</sup> : |                       | 2 <sup>nd</sup> to 3 <sup>rd</sup> : |  | 3 <sup>rd</sup> to 4 <sup>th</sup> :   |
| Steering Tire Size:   | 4 <sup>th</sup> to 5 <sup>th</sup> : |                       | 5 <sup>th</sup> to 6 <sup>th</sup> : |  | 6 <sup>th</sup> to 7 <sup>th</sup> :   |
|   | 7 <sup>th</sup> to 8 <sup>th</sup> : |                       | 8 <sup>th</sup> to 9 <sup>th</sup> : | 10 <sup>th</sup> to 11 <sup>th</sup> : | 11 <sup>th</sup> to 12 <sup>th</sup> : |

\_\_\_\_\_  
*Applicant's Name (print or type)*

\_\_\_\_\_  
*Signature of Applicant*



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### Critical Off-Road Mileage Report

Customer ID/Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Make/Model/Equipment Type: \_\_\_\_\_

Serial # (last 10 digits): \_\_\_\_\_

Current Semi-Annual Permit (*if applicable*): \_\_\_\_\_

**Renewal Permit - Odometer/Hubodometer Reading:**

Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Actual \_\_\_\_\_

-or-

- For New (1<sup>st</sup> Time) Permit Only!

\_\_\_\_\_ - \_\_\_\_\_  
Beginning Hub Reading                      Estimate Traveled Miles in 1<sup>st</sup> Six Months

Date of Reading: \_\_\_\_\_ Letter Date: \_\_\_\_\_

\*\*\*\*\*

Date Issued: \_\_\_\_\_ New Permit #: \_\_\_\_\_

Adjusted Mileage Permit: \_\_\_\_\_ Renewal Permit #: \_\_\_\_\_

I hereby certify that the information listed above is true and correct. I understand that any falsification of these records could result in the referenced Semi-Annual Critical Off-Road Equipment Permit being voided and the revocation of all rights of the company I represent to obtain permits for the travel of oversize and overweight vehicles and loads on Louisiana highways.

\_\_\_\_\_  
*Name (print or type)*

\_\_\_\_\_  
*Signature / Date*



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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<br>Comments: |       |       |