Louisiana Department of Transportation and Development P.O. Box 94042

Baton Rouge, Louisiana 70804-9042 Attention: Truck Permit Section

Fax Number: 225-377-7108

Application for:

Forest Management Equipment Permit \$10.00 per vehicle (per year)

ease enclose a check, money order, credit card information below or DOTD above a control of the contro

Please enclo	ose a check, money	order, crec	lit card in	formation below or DO	TD charge account number	
Issued to (Company Name):				Paid by :		
Customer I.D. Number:				Customer I.D. Number:		
Address:				Address:	•	_
Phone Number:				Phone Number:		_
Fax Number:				Email address:		
Complete nam	e and address if ma	iled to is of	ther than a	above:		_
V]	EHICLE INFORMA	ATION (TI	his permi	t can be tied to the tru	ck or the trailer)	
			Last 10 d	ligits of VIN Number Permit Effective Date		
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Cord Tymas	6 Vice			FO (if applicable):	A mariaan Evarass	
Card Type: € Visa € Mast Card Number:				erCard € American Express		
				Expiration Date:		
Name on Credit Card:				Phone# of Cardholder:		
******	******	*****THI	S IS NOT	A PERMIT******	*******	
Signature of applicant				_	Date	