

**MULTI-STATE OVERSIZE/OVERWEIGHT  
PERMIT APPLICATION**

Control number:				Permit number:											
Customer number:				Issuing date:											
KYU number:		ICC number:		DOT number:											
Application name:															
Address:		City:		State:		Zip:									
Person calling:				Phone number: (    )											
Description of load:															
Mobile Home make:				Serial number:		Year:									
Tractor make:		License:		State:	Trailer License:		State:								
Origin City:			State:	Destination City:		State:									
Date of movement begins:			Date of movement ends:		Escort: front (    )			rear (    )							
Overall Dimensions															
Width:		ft.	in.	Height:		ft.	in.	Length:		ft.	in.	Overhang:		ft.	in.
Axle Weights				Total Gross Weight:				Number of axles:							
1:		2:		3:		4:		5:		6:					
7:		8:		9:		10:		11:		12:					
Axle Spacing				1st to 2nd: 3rd to 4th: 5th to 6th: 7th to 8th:				2nd to 3rd: 4th to 5th: 6th to 7th: 8th to 9th:							
Insurance Carrier:						Policy number:									
Sent to:															
State		Permit Number		Via Highways				Fees							
Total State Fee															

Uniform conditions for each state must be in possession of driver.

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*DRIVER'S SIGNATURE*